No. 2
—5-42
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 5 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29441
3594

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 504 Benton 5 (Shelby Conv. Home)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 38 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3122 E. 19th. ter.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME James A. Henning

3. (b) If veteran, name war no.
3. (c) Social Security No. no

4. Sex Male 0
5. Color or race Wh.
6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife Florence Henning
6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Dec. (Month) 18 (Day) 1868 (Year)

8. AGE: Years 73 Months 9 Days ~~10~~ 11 If less than one day hr. min.

9. Birthplace Shelby Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Auto Mechanic

11. Industry or business

FATHER
12. Name Geo. W. Henning
13. Birthplace Van Buren Co. (City, town, or county) Iowa 1 (State or foreign country)

MOTHER
14. Maiden name Zerha Forsythe
15. Birthplace Clayton (City, town, or county) Ill. 1 (State or foreign country)

16. (a) Informant Florence Henning
(b) Address 2319 Monroe

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Oct. (Month) 1 (Day) 42 (Year)
(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director Eylar Funeral Home
(b) Address 1800 Linwood K.C.Mo.

19. (a) 9-30-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 29
year 42 hour 10:15 minute 12 M.

21. I hereby certify that I attended the deceased from Crowe, 19 to, 19;
that I last saw h alive on, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease

Due to 93 A

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Inspection & history

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur ~~in or about home, on farm, in~~ industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury 9/29

23. Signature [signature] (M. D. or other)
Address [illegible] Date signed 9/2 42

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Chas Wiefks

Licensed Embalmer No. 2644

P. O. Address 1800 Linwood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.