

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution K. C. General Hospital No. 1
(d) Length of stay: In hospital or institution 1 day
In this community 37 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 3239 Spruce Avenue
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Anna Henley
3. (b) If veteran, name war No
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 21st
year 1942 hour 12 minutes 10 P.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mr. John A. Henley
6. (c) Age of husband or wife if alive -- years

21. I hereby certify that I attended the deceased from 11-20-42, 19, to 11-21-42, 19, that I last saw her alive on 11-21-42, 19, and that death occurred on the date and hour stated above.

7. Birth date of deceased: August 14 1857
(Month) (Day) (Year)

Immediate cause of death: Fracture of right femur, accidental fall in home

8. AGE: Years 85 Months 3 Days 7 If less than one day hr. min.

Due to 186a
Due to 14
Other conditions: _____
(Include pregnancy within 3 months of death)

9. Birthplace: Braydenville Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation At Home
11. Industry or business -----
12. Name David Brayden
13. Birthplace Unknown Pennsylvania
(City, town, or county) (State or foreign country)
14. Maiden name Eliza A. Offner
15. Birthplace Unknown Pennsylvania
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____
Of autopsy None

16. (a) Informant Mrs. C. M. Sechrest
(b) Address 3239 Spruce Avenue
17. (a) Burial (b) Date thereof Nov. 23, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Acc 123
(b) Date of occurrence 11-21-1942
(c) Where did injury occur? K. C. Jackson Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

(c) Place: burial or cremation Floral Hills Cemetery
18. (a) Signature of funeral director W. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 11-23-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place)
Means of injury Fall
23. Signature Mary C. Thour (M. D. or other)
Address Med. Dir. K. C. Gen. Hospital K. C. Mo. Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *A. C. Newman*
Licensed Embalmer No. *4045*
P. O. Address *A. C. Newman*

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.