

FILED DEC 28 1942

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 4650  
Registrar's No.

39744

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

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 558 Main  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community unknown  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 558 Main  
(If rural, give location)

(e) Citizen of foreign country? unknown (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME GEO. N. HENRY

3. (b) If veteran, name war unknown

3. (c) Social Security No. unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8 year 1942 hour 4 minute 45 PM

4. Sex Male 5. Color W

6. (a) Single, widowed, married, divorced unknown

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased unknown  
(Month) (Day) (Year)

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

8. AGE: Years about 60 yrs Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

10. Usual occupation none

Immediate cause of death Arteriosclerotic heart disease

Due to \_\_\_\_\_

Due to \_\_\_\_\_ 935

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name unknown 9

13. Birthplace \_\_\_\_\_ 9  
(City, town, or county) (State or foreign country)

14. Maiden name unknown 9

15. Birthplace \_\_\_\_\_ 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Coroner's office

(b) Address 15 C MO

17. (a) burial (b) Date thereof 12/14/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Made Park MO

18. (a) Signature of funeral director John B. Kessler

(b) Address 15 C MO

19. (a) 12-14-42 (b) M. M. Grove  
(Date received local registrar) (Registrar's signature)

Major findings Of operations \_\_\_\_\_

Of autopsy inspector

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) \_\_\_\_\_

(e) Means of injury \_\_\_\_\_

23. Signature [Signature] 12/14/42  
(If D. brother)

Address \_\_\_\_\_ Date signed 12/14/42

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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.....

Licensed Embalmer No. *4773*

P. O. Address *Ke Mo*

**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.**