

FILED MAY 3 1945
Registration District No. 799

Primary Registration District No. 1002

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: General Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1-23-43-3-9-43
In this community unknown (Specify whether years, months or days)

3. (a) PRINT FULL NAME LUTHER HENDERSON

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race Negro 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Maggie Henderson 6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased aff. 1908
(Month) (Day) (Year)

8. AGE: aff. 35
Years Months Days If less than one day hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name unbrn
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name 9
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
(b) Address General Hospital No. 2

17. (a) burial (b) Date thereof 4-9-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation burial

18. (a) Signature of funeral director Wm. A. Dolney

(b) Address City mortician

19. (a) 4-8-43 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1224 Paseo
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9
year 1943 hour 9:25 minute P. M.

21. I hereby certify that I attended the deceased from January 23 19 43 to March 9 19 43

that I last saw him alive on March 9 19 43 and that death occurred on the date and hour stated above.

Immediate cause of death General Paresis

Duration _____

Due to 30 B

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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? _____ (Specify means of injury) _____

23. Signature J. C. [unclear] (M. D. or D. O.)
Address Chas. Floyd 2-6082 Date signed 3-10-43

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.....

P. O. Address.....

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.