

FILED MAY 6 1943

Registration District No. 149 Primary Registration District No. 6002 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: Research Hospital, D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 4-23-43
In this community 71 years, (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Soffie Henderson,
3. (b) If veteran, name war NO. 3. (c) Social Security No. NO.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed Divorced Widowed
6. (b) Name of husband or wife Alexander Henderson alive dec. years
7. Birth date of deceased January 13th, 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 3 13 hr. min.

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

10. Usual occupation at home,

11. Industry or business X

MOTHER FATHER { 12. Name G. Gross,
13. Birthplace Germany, (City, town, or county) (State or foreign country) 4
14. Maiden name Caroline Gross,
15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Bert Henderson,

(b) Address 533 Gladstone, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-28-43
(Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 4-27-43 (Date received local registrar) (b) M M Crowe (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson, 48
(c) City or town Kansas City, 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 533 Gladstone,
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26th
year 1943m hour 1:30 minute A. M.

21. I hereby certify that I attended the deceased from 4/23 - 1943 to 4/26 - 1943
that I last saw her alive on 4/26 - 1943
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Hypertensive Pneumonia

Due to Fractured Hip

Other conditions old age,
(Include pregnancy within 3 months of death)

Major findings: Of operations 1867

Of autopsy 115

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) Fall on Floor

(b) Date of occurrence 4/23/43 123

(c) Where did injury occur? at her home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
yes Floor

While at work? (Specify type of place) (e) Means of injury Fall

23. Signature J A Redburn (M. D. or other)

Address 575 Shurtzberg Date signed 4/27/43

Dr. Archie Robertson

1700 3.02

Wesley Hospital

St. Vincent Hospital
114 Grand St

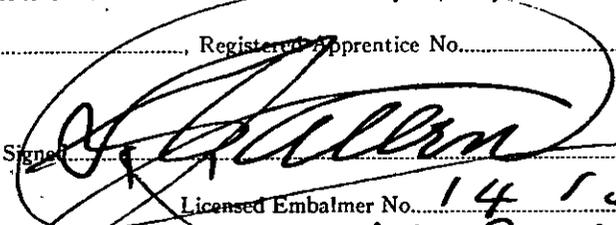
STATEMENT BY LICENSED EMBALMER

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.

Signature



Licensed Embalmer No. 1415

P. O. Address 15 P. 1234

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.