

FILED AUG 11 1949
Registration District No. **149**

Primary Registration District No. **1002**

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 days**
(Specify whether
In this community **32 years,** (Specify whether
years, months or days)

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. **1208 West 61st Street,**
(If rural, give location)
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country **X**

3. (a) PRINT FULL NAME **Judge Mitchell J. Henderson,**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Grace L. Henderson** 6. (c) Age of husband or wife if alive **55** years
7. Birth date of deceased **April 23 1888**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 3 3 hr. min.

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

10. Usual occupation **Judge**

11. Industry or business **Probate Court**

MOTHER FATHER

12. Name **George Henderson,**

13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **ETIZA**
(City, town, or county) (State or foreign country)

15. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Tom Hutchings,**

(b) Address **1808 West 61st St., Kansas City, Mo.**

17. (a) **Entombment** (b) Date thereof **7-28-43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Forest Hill Abbey**

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

(b) Address **5235 Gillham Plaza, Kansas City, Mo.**

19. (a) **7-28-43** (b) **Dep. T. E. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **26th**
year **1943** hour **2:15** minute **P.** M.

21. I hereby certify that I attended the deceased from **7-15-43**, 19____, to **7-26**, 19**43**
that I last saw him alive on **7-26**, 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death
Dissecting Aneurysm 4 days
Aortic Aorta + Thoracic aorta

Due to **Aortitis - Hypertension ?**

Other conditions **Ht. Nervous System, 11/14/43**
(Include pregnancy within 3 months of death)

Major findings: **Ht. Jug. Nervous**
Of operations **Ht. Jug. Nervous**
Of autopsy **Dissecting Aneurysm**

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?

While at work? _____ (Specify type of place) (e) Mode of injury _____
23. Signature **[Signature]** (M. D. or other) **7/28/43**
Address **15 & C** Date signed _____

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

Drs. Asher, Hunt

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 E. M. Plank.....

Licensed Embalmer No. 1848.....

P. O. Address 78. C. 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.