

Registration District No. 749

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:
2829 Harrison Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether years, months or days)
In this community 66 Years

3. (a) PRINT FULL NAME Mrs. Flora Henderson

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased June 19 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 2 26 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Arthur J. McCleod

13. Birthplace South Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Lynch

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

16. (a) Informant Mr. Frank Henderson

(b) Address 2829 Harrison

17. (a) Burial (b) Date thereof 9-11-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial of cremation Mt. Washington Cemetery

18. (a) Signature of funeral director W. H. Newcomer, Sr.

(b) Address 1401 Brush Creek Blvd.

19. (a) 9-16-43 (b) J. E. Brown
(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. 2829 Harrison Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15th
year 1943 hour 5 minute 25 A. M.

21. I hereby certify that I attended the deceased from 8-8 1943 to 9-14 1943

that I last saw her alive on 9-14 and that death occurred on the date and hour stated above.

Immediate cause of death
Primary Spasmodic Liver Cystectomy operation

Due to _____

Due to 466

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) (2) Means of injury

23. Signature W. E. Montgomery (M. D. or other)

Address 723 Gayle Bldg. Date signed 9-15-43

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

11-5
123 Blythe Blvd.
Cincinnati, Ohio

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 Emile W. Calhoun
Licensed Embalmer No. 3506
P. O. Address K. 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.