

FILED FEB 3 1944
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: **4537 Washington**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **30 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. **3002 McGee Street**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **Mrs. Mabel W. Henry**
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, widowed** **Widowed**
6. (b) Name of husband or wife **Gothard Henry** **6. (c) Age of husband or wife if alive** **du** years
7. Birth date of deceased **Aug. 28 1891**
(Month) (Day) (Year)

8. AGE: Years **52** Months **4** Days **8** If less than one day hr. min.

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

10. Usual occupation **At home**

11. Industry or business

MOTHER FATHER

12. Name **James M. Wilson**
13. Birthplace **England**
(City, town, or county) (State or foreign country)
14. Maiden name **Nellie Russell**
15. Birthplace **Scotland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Margaret Wilson**
(b) Address **3002 McGee Street**

17. (a) Cremation **(b) Date thereof** **1-10-44**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Elmwood, Cemetery**

18. (a) Signature of funeral director **Freeman Mortuary**
(b) Address **Kansas City, Missouri**

19. (a) Jan 10, 1944 **(b) J E Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **1-6-44** day **1-6-44**
year hour **7:10** minute **P.** M.

21. I hereby certify that I attended the deceased from **Deputy Coroner**
that I last saw him **alive on** **19**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute hemorrhagic gastritis**
Duration

Due to **Fatal ingestion of poison (type unknown) - pending chemical investigation.**

Other conditions **strychnine**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **163-8**
Of autopsy **see above**

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) **suicide**
(b) Date of occurrence **1/6/44**
(c) Where did injury occur? **K.C. Mo. Jackson Co.**
(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) Means of injury** **poison**

23. Signature **J E Brown** **(M. D. or other)**
Address **23rd & McGee** **Date signed** **1/7/44**

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

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.....

Elmer C. Wadler

Licensed Embalmer No.....

3495

P. O. Address.....

N. 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.