V. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23727

Registration District No. 9 FILED AUG. 1944

Primary Registration District No. 1002

Registrar's No. 3047

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:
K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days 0 (Specify whether
In this community unknown
years, months or days)

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. 433 So. Colorado
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME William Henderson

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Henderson

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased 6 (Month) 18 (Day) 1876 (Year)

8. AGE: Years 68 Months 1 Days 45 If less than one day hr. min.

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

10. Usual occupation Carpenter

11. Industry or business self

FATHER
12. Name James Henderson
13. Birthplace Unknown (City, town, or county) 4 Ireland (State or foreign country)

MOTHER
14. Maiden name Unknown Unknown
15. Birthplace Unknown (City, town, or county) 9 Unknown (State or foreign country)

16. (a) Informant Mary Henderson
(b) Address 433 S. Colorado

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/23/44 (Month) (Day) (Year)
(c) Place: burial or cremation Burlingame Kansas

18. (a) Signature of funeral director H H Daniels
(b) Address 7 N Kansas Ave

19. (a) 7-29-44 (Date received local registrar) (b) D. E. Kerr (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1944 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from July 20, 1944 to July 23, 1944
that I last saw him alive on July 23, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death ~~Carcinoma of~~ ~~Stomach~~

Due to Lymphosarcoma of Tonsils

Due to 45 f

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature A. E. Upsher O. (M. D. or other) MD

Address Med. Dir. 23 McCoy Gen'l Hosp. Date signed 7-24-44

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(Licensed Embalmer's Statement on Reverse Side)

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 J Chuck Werner

Licensed Embalmer No. 2598

P. O. Address Kansas City Kansas

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.