

FILED SEP 7 1944

Registration District No.

Primary Registration District No.

1002

Registrar's No.

3483

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:
4031 Main., 2nd flr. So.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community **28 years**
- 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. **4031 Main., 2nd flr. So.**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Guy Wilbur Henry**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **709-12-1790**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Mrs. Stella M. Henry** 6. (c) Age of husband or wife if alive **59** years
 7. Birth date of deceased **August 20th 1885**
(Month) (Day) (Year)

8. AGE: Years **59** Months **0** Days **2** If less than one day
hr. min.

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

10. Usual occupation **Train Dispatcher & Telg. Opr.**

11. Industry or business **Chicago and Alton R. R.**

12. Name **Byron Henry**
 13. Birthplace **Ohio**
(City, town, or county) (State or foreign country)
 14. Maiden name **Eva Rose**
 15. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Stella M. Henry**

(b) Address **4031 Main, 2nd flr. So.**

17. (a) **Burial** (b) Date thereof **8-28-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **Freeman Mortuary**

(b) Address **104 West 42nd Street**

19. (a) **8-26-44** (b) **T. E. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **22nd**
 year **1944** hour..... minute **2 A.** M.

21. I hereby certify that I attended the deceased from **MAY 15**, 19**44**, to **AUG. 22**, 19**44**
 that I last saw him alive on **AUG. 16**, 19**44**
 and that death occurred on the date and hour stated above.

Immediate cause of death **HYPERTENSION**
 Duration **10 yrs.**

Due to **Arteriosclerotic**
 Other conditions **GAMBLETS RIGHT FOOT**
(Include pregnancy within 3 months of death)

Major findings: Of operations **0** Of autopsy **0**
 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) Means of injury.....
 23. Signature **A. C. [Signature]** (M. D. or other)
 Address **104 West 42nd Street** Date signed **Aug 24 1944**

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

48
338

for 4793

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.