V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30154

FILED OCT 2 1944

Registration District No. 2 1949 Primary Registration District No. 1002 Registrar's No. 3824

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: 4817 MERCIER STREET
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---- 1 (Specify whether

In this community 20 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 4

(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 4817 MERCIER STREET
(If rural, give location)

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

If yes, name country ---- 0

3. (a) PRINT FULL NAME MRS. SARAH ELIZABETH HENDERSON

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex FEMALE 1

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED 2

6. (b) Name of husband or wife MR. ELLIS HANSON HENDERSON

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

7. Birth date of deceased DECEMBER (Month) 6 (Day) 1861 (Year)

8. AGE: Years 82 Months 9 Days 15 If less than one day ___ hr. ___ min.

9. Birthplace WARRENSBURG (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business ------

FATHER
12. Name HENRY FITTERLING
13. Birthplace UNKNOWN (City, town, or county) MARYLAND (State or foreign country)

MOTHER
14. Maiden name HANNA OLIPHANT
15. Birthplace UNKNOWN (City, town, or county) TENNESSEE (State or foreign country)

16. (a) Informant MISS WILLA HENDERSON

(b) Address 4817 MERCIER STREET

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT-23-1944 (Month) (Day) (Year)

(c) Place: burial or cremation URICH, MISSOURI

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 9-22-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 21 57
year 1944 hour 10 minute 00 A.M.

21. I hereby certify that I attended the deceased from November Tenth, 1943, to Sept 21, 1944; that I last saw her alive on Sept 20, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Disease with Occlusion	2 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94a	

Major findings:
Of operations
Of autopsy

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 [signature] (M. D. or other) MD

Address 315 [illegible] St. K.C. Mo. Date signed 9-22-44

(Licensed Embalmer's Statement on Reverse Side)

761

214 Plaza Medical Bldg. - 315 Alameda Rd.
10.30.12

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. Oscar Hothey

Licensed Embalmer No. 1767

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.