

S. No. 2
M-5-43
7-5-17-39
P-1 X36677

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13165**
Registrar's No. **1778**

Registration District No. **149** Primary Registration District No. **1002**

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

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:
1312 Jefferson /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **30 yrs** (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. **1312 Jefferson**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **WALLACE LEONARD HENRY**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **None**
4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Belle Henry**
6. (c) Age of husband or wife if alive **54** years
7. Birth date of deceased **Mar 4 1885**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **15** year **1946** hour **5** minute **A** M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.
Immediate cause of death **Reputy Coronary Arteriosclerosis**

8. AGE: Years Months Days If less than one day
61 **1** **11** hr. min.

Due to _____
Due to _____
Other conditions: **94a**
(Include pregnancy within 3 months of death)

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

Major findings:
Of operations _____
Of autopsy **See Above**
Underline the cause to which death should be charged statistically.

10. Usual occupation **Retail Ice**

11. Industry or business **For Self.**

12. Name **William H. Henry**

13. Birthplace **Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Martha Hupsher**

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

16. (a) Informant **Belle Henry**
(b) Address **1312 Jefferson**

17. (a) **Burial** (b) Date thereof **April 16 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pleasant Hill Mo.**

18. (a) Signature of funeral director **Mrs. C. L. Forster**
(b) Address **918 Brooklyn**

19. (a) **4-16-46** (b) **Seraldine Holmes**
(Date received local registrar) (Registrar's signature)

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) Method of injury _____
23. Signature **A. E. Usher** (M. D. or other) **M. D.**
Address **2500 Main** Date **4/16/46**

JAN 27 1949

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Cor David M. Mear

Licensed Embalmer No. *3414*

P. O. Address. *918 Brooklyn*
R. C. Mear

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.