

S. No. 2
DM-5-43
v. 5-17-39
X3667

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23640

State File No. _____

3086

Registrar's No. _____

Registration District No. 149

Primary Registration District No. 1003

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:
General Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
in this community 5 Years
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")

(d) Street No. 919 Admiral f
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Theлма Owens Henderson

3. (b) If veteran, name war No

3. (c) Social Security No. N496-24-5969

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12,
year 1946 hour 6: minute 38 P.M.

4. Sex Female 3

5. Color or race Negro

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

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

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased: February 12, 1919
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 11, 1946 to July 12, 1946
that I last saw her alive on July 12, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

27	5	0	hr. min.
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Immediate cause of death: Pulmonary Edema and Congestion
Chronic Glomerulo-nephritis
Hypertrophy of Heart
Uremia (Clinical)

Duration _____

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

10. Usual occupation Housewife

Due to _____

Other conditions (Include pregnancy within 3 months of death) 131 lb

MOTHER FATHER {

11. Industry or business _____

12. Name Oscar Owens

13. Birthplace Hamilton Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Emma Harden

15. Birthplace Holden Missouri
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy Same as above

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Pinkie Henderson (Husband)

(b) Address 919 Admiral Blvd.

17. (a) Removal (b) Date thereof 7/16/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holden, Missouri

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? _____

18. (a) Signature of funeral director Helen P. Pines

(b) Address 1729 Lydia Avenue

19. (a) 7-15-46 (b) Geraldine Holme
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____ (c) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address General Hospital No. 2 Date signed 7/13/46

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. Jerome Malou*

Licensed Embalmer No. *3994*

P. O. Address *2513 Highland*

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.