

No. 2  
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17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27165  
3664  
Registrar's No. \_\_\_\_\_

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:  
ST. JOSEPH HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 WEEKS  
(Specify whether  
in this community 1 MONTH  
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. 5646 BALES AVENUE  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 23<sup>RD</sup>  
year 1946 hour 5 minute 30 P. M.  
21. I hereby certify that I attended the deceased from Aug. 1  
1946, to Aug 23 1946  
that I last saw her alive on July 23 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Broncho pneumonia Duration 2 days  
Due to malnutrition  
Due to prematurity  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 107  
Of operations \_\_\_\_\_  
Of autopsy Broncho pneumonia  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME VINCENT JEROME HENDERSON  
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 SINGLE

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased JULY 20 1946  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
1 3 hr. min.

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

10. Usual occupation INFANT

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name EUGENE W. HENDERSON  
13. Birthplace ST. JOSEPH MISSOURI  
(City, town, or county) (State or foreign country)  
14. Maiden name CECELIA HEIT  
15. Birthplace PORTSMOUTH VIRGINIA  
(City, town, or county) (State or foreign country)

16. (a) Informant MR. EUGENE W. HENDERSON  
(b) Address 5646 BALES AVENUE

17. (a) BURIAL (b) Date thereof AUG-26-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director W. Newcomer's Sons  
(b) Address 1401 BRUSH CREEK BLDG

19. (a) 8-24-46 (b) Therald Holme  
(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) Means of injury d  
23. Signature Thomas J. Draney (M. D. or other) \_\_\_\_\_  
Address 308 Argyle Bldg Date signed 8/24/46

8413 Midway Street

**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 Emile M. Calhoun  
Licensed Embalmer No. 3506  
P. O. Address F. 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.**