

FILED AUG 5 1947
Registration District No. **197**

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:
607 Karnes Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community **20 yrs**.....
years, months or days (Specify whether)

3. (a) PRINT FULL NAME **Henry G. Henning**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Elizabeth Henning**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **3-7-1858**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	89	4	6	hr. _____ min.

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

10. Usual occupation **Retired**

11. Industry or business **Railway Mail Service**

MOTHER FATHER {
12. Name **Unknown**
13. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Eldridge Henning**
(b) Address **Monmouth, Illinois**

17. (a) **Removal** (b) Date thereof **7-15-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Woodlawn, K.C. Kansas**

18. (a) Signature of funeral director **Gibson & Son**
(b) Address **646 State Ave, K.C. Kansas**

19. (a) **7-14-47** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

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. **607 Karnes Blvd.** 5
(If rural, give location)
(e) Citizen of foreign country? **Unknown** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **7** day **13**
year **1947** hour **9** minute **15** p.M.

21. I hereby certify that I attended the deceased from **Feb 3**, 19**47**, to **July 13**, 19**47**
that I last saw him alive on **July 13**, 19**47**
and that death occurred on the date and hour stated above
Immediate cause of death **Coronary Sclerosis**
Duration _____

Due to _____

Due to _____

Other conditions **None**
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations **ASD**
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? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature **J. W. Allstrom** (M. D. or other)
Address **Kansas City, Mo** Date signed **7-14-47**

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 *George M. Malley*.....

Licensed Embalmer No. *2798V*.....

P. O. Address *646 State Ave. N. C. Kansas*.....

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.