No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 12 1948
Registration District No. 72

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3013

State File No. 41167
Registrar's No. 147

1. PLACE OF DEATH:
(a) County Clay
(b) City or town North Kansas City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2011 Fayette (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX (Specify whether
In this community 8 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay 24
(c) City or town North Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 2011 Fayette (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country XXX

3. (a) PRINT FULL NAME Oliver Emmette Henry
3. (b) If veteran, name war World War 2
3. (c) Social Security No. 500-07-1328
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife XXXX
6. (c) Age of husband or wife if alive XXX years
7. Birth date of deceased Nov. (Month) 24 (Day) 1903 (Year)

8. AGE:	Years	Months	Days	If less than one day
	44	1	5	XX hr XX min.

9. Birthplace Plattsburg (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Taxi Cab Driver
11. Industry or business XXX

FATHER
12. Name Oliver Moses Henry
13. Birthplace Frasier (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mattie E. Cobb
15. Birthplace Frasier (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs Mattie Henry
(b) Address 2011 Fayette North Kansas City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 31 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Gower Missouri
18. (a) Signature of funeral director Morton-Smith's F.H.
(b) Address North Kansas City Mo.
19. (a) Dec 31st 1947 (Date received local registrar) (b) Beulah Kitchen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 29
year 1947 hour minute M.
21. I hereby certify that I attended the deceased from 12-29-47, 19, to, 19;
that I last saw him alive on 12-29-47, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	2 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 R. H. Dunham M.D. (M. D. or other)
Address 2025 Swift Date signed 12/30/47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-9-48

JAN 13 1948

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 Chester L. Fleming, Registered Apprentice No. 449, working under my personal supervision.

Signed Theron O. Smith

Licensed Embalmer No. 3928

P. O. Address North Kansas City

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.