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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

8738

State File No. \_\_\_\_\_

FILED MAR 20 1948

Registrar's No. 1012

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:  
4016 WYOMING STREET 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 61 YEARS  
years, months or days

3. (a) PRINT FULL NAME MR. CHARLES DAVID HENRY, SR.

3. (b) If veteran, name war No

3. (c) Social Security No. 492-18-3394

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife MRS. MARY ELIZABETH HENRY 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased JANUARY 3 - 1879  
(Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 30 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace CAMPBELL ARKANSAS  
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business SWIFT & HENRY COMMISSION CO

12. Name ABRAHAM C. HENRY

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

14. Maiden name ELIZABETH J. CAMPBELL

15. Birthplace LAWRENCE COUNTY ARKANSAS  
(City, town, or county) (State or foreign country)

16. (a) Informant MISS BETTY HENRY

(b) Address 4016 WYOMING STREET

17. (a) BURIAL (b) Date thereof MARCH 4 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ELMWOOD CEMETERY

18. (a) Signature of funeral director D. N. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 3-4-48 (b) Maraldine Holmes  
(Date received local registrar) (Registrar's signature)

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. 4016 WYOMING STREET 8  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 2<sup>ND</sup>  
year 1948 hour 10 minute 18 A M.

21. I hereby certify that I attended the deceased from Oct 19  
1947 to Mar 2, 1948  
that I last saw him alive on March 2, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Failure Duration \_\_\_\_\_

Due to Hypertensive Heart Disease

Due to Arteriosclerosis Generalized

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

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) (e) Means of injury 0

23. Signature Richard L. Lehman (M. D. or other) 2410  
Address 1630 Professional Bldg Date signed 3/3/48

