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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 3 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 19502

Registrar's No. 2587

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: 3436 Park Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 62 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. 3436 Park Ave. 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME William Lake Henry

3. (b) If veteran, name war No

3. (c) Social Security No. 489-30-6073

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mrs. Josephine E. Henry

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased October (Month) 9th. (Day) 1865 (Year)

8. AGE: Years 82 Months 8 Days 10 If less than one day ..... hr. ..... min.

9. Birthplace Lafayette County, (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Retired Weighmaster

11. Industry or business Kansas City Stock Yards

FATHER
12. Name Francis G. Henry
13. Birthplace (City, town, or county) Kentucky (State or foreign country) 1

MOTHER
14. Maiden name Mary Blanchard
15. Birthplace (City, town, or county) Kentucky (State or foreign country) 1

16. (a) Informant Mrs. Josephine E. Henry
(b) Address 3436 Park Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Missouri

19. (a) 6-21-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19th.
year 1948 hour 8.45 minute P. M.

21. I hereby certify that I attended the deceased from June 15, 1948, to June 19, 1948
that I last saw him alive on June 19, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage & Uremia — Duration 5 day

Due to

Due to Chronic nephritis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 131 b
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?
(Specify type of place)

While at work (e) Means of injury 0

23. Signature William M Coots (M. D. or other) MD
Address Professional Bldg Date signed 6/24/48

(Licensed Embalmer's Statement on Reverse Side)

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.