

No. 2  
-5-43  
-17-39  
X3667

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED AUG 26 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26356  
Registrar's No. 2955

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City, Mo.  
(c) Name of hospital or institution: Trinity Lutheran Hosp.  
(d) Length of stay: 9 hrs.  
In this community 12 years see above

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City, Mo.  
(d) Street No. 7921 Wilson Rd.  
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME: Unnamed Henderson  
(b) If veteran, name war: no  
(c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 7 day 16 year 1948 hour 3:30 AM minute M.

4. Sex Male  
5. Color or race W  
6. (a) Single, widowed, married, divorced, single  
6. (c) Age of husband or wife if alive: 9 years 15 days 48 years

21. I hereby certify that I attended the deceased from July 15, 1948 to July 16, 1948 that I last saw him alive on 7-16-48 and that death occurred on the date and hour stated above.

7. Birth date of deceased: 9 15 48 (Month) (Day) (Year)  
8. AGE: Years Months Days If less than one day 9 hr. 11 min.

Immediate cause of death: Prematurity  
Due to: Plac. Praevia  
Other conditions: (Include pregnancy within 3 months of death)

9. Birthplace: Kansas City Missouri  
10. Usual occupation: infant  
11. Industry or business:

Major findings: 160°C  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_  
PHYSICIAN: \_\_\_\_\_

MOTHER FATHER  
12. Name: Charles Wesley Henderson  
13. Birthplace: Mountain Grove, Mo.  
14. Maiden name: Roxie Joan Coomer  
15. Birthplace: Palace, Kentucky  
16. (a) Informant: Mrs. Roxie Henderson  
(b) Address: 7921 Wilson Rd.  
17. (a) retained (b) Date thereof: 7-16-48  
(c) Place: burial or cremation: Trinity Lutheran  
18. (a) Signature of funeral director: H.A.B.  
(b) Address: K.C. Mo.  
19. (a) 7-19-48 (b) Geraldine Holmes

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) Means of injury: \_\_\_\_\_  
23. Signature: Reginald Ferguson (M. D. or other)  
Address: 933 Prof Bldg Date signed: 7-16-48

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**