

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **32925**
Registrar's No. **4122**

FILED NOV 4 1948

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:
3643 Walnut Street,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether
In this community 42 years
years, months or days)

3. (a) PRINT FULL NAME Franklin Ray Henderson
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 married
6. (b) Name of husband or wife Mrs. Elsie Henderson 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased November 26 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 10 14 _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business X

MOTHER FATHER { 12. Name Tobias Henderson
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary E.
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elsie Henderson
(b) Address 3643 Walnut, Kansas City, Mo.
17. (a) removal (b) Date thereof 10-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bethany, Missouri

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 10-11-48 (b) Geraldine 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. 3643 WALNUT
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____ X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10
year 1948 hour 2:30 minute P. M.
21. I hereby certify that I attended the deceased from April 26
1948 to October 10 1948
that I last saw him alive on October 10 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Circulatory failure Duration 2 hrs.
Due to Arteriosclerotic hypertensive cardiac disease 9 yrs.
Due to Generalized arteriosclerosis 5 yrs.

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: 932
'Of operations _____
Of autopsy _____
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)
(*) Means of injury _____
23. Signature John R. Whiteman John R. Whiteman (M. D. or other)
Address 647 Brookside Date signed 10-11-48

there now

Dr. John R. Whiteman

Ja 5866 = 078 call =
Bill No. 247 Bunker's
Bill No. 247 Bunker's
FE 5958 - 5938 Bunker's

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. 1415
P. O. Address..... 17 @ 106

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.