S. No. 300
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v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 11 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36601

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4757

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: RESEARCH HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 DAYS (Specify whether
In this community 26 YEARS
years, months or days)

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. 6735 PROSPECT
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MRS. LIEU ANNA HENRY

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEM. 1

5. Color or race WHITE

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ 2 WIDOWED

6. (b) Name of husband or wife GEORGE B. HENRY

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

7. Birth date of deceased JUNE (Month) 16 (Day) 1874 (Year)

8. AGE: Years 74 Months 5 Days 5 If less than one day ___ hr. ___ min.

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

10. Usual occupation PRACTICAL NURSE

11. Industry or business INDEPENDENT

FATHER
12. Name SAMUEL McCOMBER
13. Birthplace (City, town, or county) OHIO 1 (State or foreign country)

MOTHER
14. Maiden name ELIZA HENRY
15. Birthplace (City, town, or county) OHIO 1 (State or foreign country)

16. (a) Informant MRS. MABEL CLOONAN

(b) Address 5820 LOCUST STREET

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof NOV. 21, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation JUNCTION CITY, KAN.

18. (a) Signature of funeral director D. H. Newcomers Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 11-21-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21 year 1948 hour 2:14 minute A. M.

21. I hereby certify that I attended the deceased from November 12, 1948, to November 20, 1948, that I last saw her alive on November 20, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Ventricular fibrillation	10 min.
Due to Myocardial infarction	10 days
Due to Coronary artery sclerosis	2 years
Other conditions (Include pregnancy within 3 months of death): Cerebral embolization	9 days

Major findings:
Of operations — 946
Of autopsy as above

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? Graham Asher (e) Means of injury —

23. Signature Graham Asher (M. D. or other) M.D.

Address 1220 Professional Bldg. Date signed November 21 1948

(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 Jess T. Dunn

Licensed Embalmer No. 4453

P. O. Address 77 Anson 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.