

FILED MAR 26 1949

STANDARD CERTIFICATE OF DEATH

State File No.

1020

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>63 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>1307 Oakley Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1307 Oakley Avenue</u>				d. STREET ADDRESS (If rural, give location) <u>1307 Oakley Avenue</u>			
3. NAME OF DECEASED (Type or Print) <u>Jackson</u>		a. (First) <u>N.</u>		b. (Middle) <u>Henderson</u>		c. (Last) <u>Henderson</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>March 4, 1949</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Aug. 19, 1869</u>		9. AGE (in years last birthday) <u>79</u>		10. MONTHS <u>6</u> DAYS <u>15</u>		11. HOURS <u>15</u> MIN. <u>15</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shipping Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wester Paper Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jefferson Henderson</u>		13b. MOTHER'S MAIDEN NAME <u>Nancey Livingston</u>		14. NAME OF HUSBAND OR WIFE <u>Josephine Henderson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-16-0477</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Josephine Henderson</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary & Myocardial Damage</u> ... Arterio Sclerosis & Chronic Interstitial Nephritis. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertrophied Prostate - Secondary</u> DUE TO (c) <u>Arterio Sclerosis & Chronic Interstitial Nephritis</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City, Jackson Co., Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>none</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>none</u>					
22. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>48</u> , to <u>Mar 4</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3-4</u> , 19 <u>49</u> , and that death occurred at <u>6:00</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>M. F. Sewell</u> (Degree or title) <u>M.F. Sewell</u>				23b. ADDRESS <u>1722 W 39 K.C. Mo</u>		23c. DATE SIGNED <u>3-4-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/7/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3-5-49</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Earp & Sons</u>			
				ADDRESS <u>4139 Truman Rd K.C., Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Received
17-2-11-1911

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

James W. Earp

Licensed Embalmer No. *4622*

P. O. Address, *K.C., 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.