

THE DIVISION OF HEALTH OF MISSOURI  
FILED MAR 6 1950 STANDARD CERTIFICATE OF DEATH

State File No. 18738  
699

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		b. COUNTY <u>JACKSON</u>	
c. LENGTH OF STAY (in this place) <u>25 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GENERAL HOSPITAL #2</u>		d. STREET ADDRESS (If rural, give location) <u>1423 1/2 East 18th Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>FANNIE</u>	b. (Middle)	c. (Last) <u>HENLEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>FEBRUARY 9 1950</u>
---	-------------	-------------------------	---

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>SEPTEMBER 23 1901</u>	9. AGE (In years last birthday) <u>48</u>	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
----------------------	-------------------------------	---	---	---	-----------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY, KANSAS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
--	-----------------------------------	--	---

13a. FATHER'S NAME <u>JOHN LEWIS</u>	13b. MOTHER'S MAIDEN NAME <u>MARY STEWARD</u>	14. NAME OF HUSBAND OR WIFE <u>BILL HENLEY</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>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>BILL HENLEY 1423 1/2 East 18th Street</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>FIBROCALCAREOUS PULMONARY TUBERCULOSIS WITH CAVITATION</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>ACUTE HYPERPLASTIC TUBERCULOUS PNEUMONIA.</u>		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS <u>PULMONARY CONGESTION &amp; EDEMA</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from 1-24- 19 50 to 2-9- 19 50, that I last saw the deceased alive on 2-9- 19 50, and that death occurred at 12:08P m., from the causes and on the date stated above.

23a. SIGNATURE <u>F. Frank Ellis</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>600 East 22nd Street</u>	23c. DATE SIGNED <u>2-10-50</u>
--	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/18/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. <u>2-15-50</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter H. ... 1739 Lydia</u>
---	--	--

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

**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 *Jeanne Manlove*.....

Licensed Embalmer No. *3994*.....

P. O. Address *2503 Highland*.....

**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.