

FILED APR 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **8722**  
 Registrar's No. **1308**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1308</u>	
1. PLACE OF DEATH a. COUNTY <b>JACKSON</b> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b> c. LENGTH OF STAY (in this place) <u>approx 25 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>GENERAL HOSPITAL #2</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b> d. STREET ADDRESS (If rural, give location) <b>2021 Olive Street</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>JESSE</b> b. (Middle) _____ c. (Last) <b>HENDERSON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 15 1950</b>				
5. SEX <b>MALE</b> <input checked="" type="checkbox"/>		6. COLOR OR RACE <b>NEGRO</b>		7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b> <input checked="" type="checkbox"/>		8. DATE OF BIRTH <b>APRIL 22 1876</b>	
9. AGE (In years last birthday) <b>73</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>WATHENA, KANSAS</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>JOSEPH HENDERSON</b>		13b. MOTHER'S MAIDEN NAME <b>MARY</b>		14. NAME OF HUSBAND OR WIFE <b>Lizzie Henderson</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>unk</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>FRITZ HENDERSON 2816 Jackson</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>UREMIA (CLINICAL)</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>ARTERIOLE &amp; ARTERIOLAR NEPHROSCLEROSIS</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>HYPERTENSIVE HEART DISEASE</b>					
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) _____		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 <u>3-14</u> , 19 <u>50</u> , to <u>3-15</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3-15</u> , 19 <u>50</u> , and that death occurred at <u>8:40P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Frank E. [Signature]</b> MD (Degree or title) <b>MD</b>				23b. ADDRESS <b>600 East 22nd Street</b>		23c. DATE SIGNED <b>3-16-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>3/20/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Highland Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>3-20-50</b>		REGISTRAR'S SIGNATURE <b>Stalding Holmberg</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Stirling Bills</b>		ADDRESS <b>1212 Vine</b>	

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 E. Sterling Belle

Licensed Embalmer No. 3178

P. O. Address 1212 Vine St

**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.