V.S. No. 300
Rev. 10.48

FILED DEC 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37341

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4983

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (In this place) 4 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1707 E. 11th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City Mo. 2168
d. STREET ADDRESS (If rural, give location) 1707 E.11, Street K.C.Mo.

3. NAME OF DECEASED (Type or Print)
a. (First) Wm. ~~George~~ Grant b. (Middle) Henry c. (Last)

4. DATE OF DEATH (Month) ~~Sept.~~ (Day) ~~27~~, (Year) ~~1881~~ Nov 18 1951

5. SEX M. 2
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower 2
8. DATE OF BIRTH Sept.27,1881
9. AGE (In years last birthday) 70 — IF UNDER 1 YEAR Months ~~1~~ Days ~~4~~ — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Louisville Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Brisco Henry
13b. MOTHER'S MAIDEN NAME ~~Unknown~~ Rosie Thurston
14. NAME OF HUSBAND OR WIFE ~~Wife (Deseased)~~ Lula Henry Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Joe Avery ADDRESS 818 Euclid K.C.mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypotensive heart deasease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Hurt From Gen Hayes — 443X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Hugh M. Owens Coroner
23b. ADDRESS 1034 Auditor Bldg
23c. DATE SIGNED 11-21-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Removal 11-21-51
24c. NAME OF CEMETERY OR CREMATORY --
24d. LOCATION (City, town, or county) (State) Texarkana Ark.

DATE REC'D BY LOCAL REG. 11-21-51
REGISTRAR'S SIGNATURE Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE 1819 E. Truman Rd. ADDRESS Flynn-Ramsey

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 9 1953

JAN 29 1953

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.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Arkansas } ss.
County of Lafayette }

State File No. 37341-51

Local Registrar's No.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 15th day of January, 1953, before me appears Harrison Henry, who, upon his oath, states that the original record of birth death for Wm. George Henry, died Nov. 18, 1951, born Sept. 27, 1881, 19 Kansas City, Mo in the State of Lewisville, Ark. Missouri, and which was filed at Kansas City, Mo. on Nov. 21, 1951, should be corrected as follows:

Item No. 3 should read William Grant Henry

Instead of Wm. George Henry

Item No. 4 should read November 18, 1951

Instead of September 27, 1951

Item No. 13b. should read Rosie Thurston

Instead of Unknown

Item No. 14 should read Lula Henry - Deceased

Instead of Wife (Deceased)

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Harrison Henry Son
Relationship.

Rt. 1, Box 183, Lewisville, Arkansas
Present Address.

Subscribed and sworn to before me this 15th day of January, 1953.

My Commission expires 1-16-54

[signature] Notary Public.