

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41641

FILED JAN 12 1952

State File No. ....

BIRTH NO. 85244-57 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5647

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) township) <u>1 mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>1021 Virginia St</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wheatley Hosp.</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ronald</u> b. (Middle) <u>Eugene</u> c. (Last) <u>Henderson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 23 1951</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED (NEVER MARRIED) WIDOW, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Nov. 23, 1951</u>			
9. AGE (In years last birthday) <u>1 mo.</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hour Min.					
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Baby</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Cornelius Henderson</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Louise Bradshaw</u>			14. NAME OF HUSBAND OR WIFE <u>-</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Cornelius Henderson K.C. Mo.</u>		ADDRESS <u>K.C. Mo.</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, asthenia, 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>(1) Prematurity</u>				ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(2) Marasmus</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<u>7/25</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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>12-19</u> , 19 <u>51</u> , to <u>12-23-51</u> , that I last saw the deceased alive on <u>12-22-51</u> , and that death occurred at <u>4A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Royall B. Fleming</u> (Degree or title) <u>Royce S. Fleming, MD</u>				23b. ADDRESS <u>1433 E. 19th</u>				23c. DATE SIGNED <u>12-27-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12-29-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LINCOLN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO</u>			
DATE REC'D BY LOCAL REG. <u>12-29-51</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>ADKINS BROTHERS</u>		ADDRESS <u>KANSAS CITY MO.</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.....

.....  
working under my personal supervision.

Student Embalmer No. 436.....

Signed D. Forrest Richards II  
Student Embalmer

Signed C. Kenneth Keyford

Licensed Embalmer No. 4737

P. O. Address: 2600 Franklin

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.