

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

24491

3378

AUG 4 1952

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>Kansas</u> b. COUNTY <u>Leavenworth</u>		
b. CITY OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Leavenworth</u> <u>8150</u>		
c. LENGTH OF STAY (in this place) <u>7 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>1611 1/2 South 5th</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DeLora Rest Home</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) <u>B.</u> c. (Last) <u>Henderson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 27 1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>August 3, 1875</u>	9. AGE (in years last birthday) <u>76</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dentist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dentist Office</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Maine</u>
12. CITIZEN OF WHAT COUNTRY? <u>American</u>				
13a. FATHER'S NAME <u>Samuel Henderson</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Beckett</u>		14. NAME OF HUSBAND OR WIFE <u>Margaret Henderson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Mexican Border</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ida H. Loveland</u> ADDRESS <u>3721 Flora.</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>Uremic Poisoning</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility &amp; Hypertrophy</u> DUE TO (c) <u>of the Prostate.</u>  II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH  <u>610X</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)		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>July 14 1952</u> , to <u>July 26, 1952</u> that I last saw the deceased alive on <u>July 26, 1952</u> , and that death occurred at <u>6 A. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Calvin A. Beard</u> (Degree optional) M.D.		23b. ADDRESS <u>2307 Bryant Bldg., K.C. Mo.</u>		23c. DATE SIGNED <u>July 27</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>29 July 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah</u>
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>7-28-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>FREEMAN MORTUARY &amp; CHAPEL, K.C., MO.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

SFP 18 1967

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

Signature Rayton K. James  
Licensed Embalmer No. 4793

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.