

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

35024

State File No.

4249

FILED OCT 18 1952

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 70 yrs			
d. FULL NAME OF HOSPITAL OR INSTITUTION Hazelwood Nursing Home		d. STREET ADDRESS (If rural, give location) 4600 Madison	

3710

3. NAME OF DECEASED (Type or Print) a. (First) JOHN	b. (Middle) A.	c. (Last) HENRY	4. DATE OF DEATH (Month) (Day) (Year) 9 20 52
5. SEX Ma	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 9-17-1874
9. AGE (In years) (Specify birthday) 78	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) Ret'd hardware	10b. KIND OF BUSINESS OR INDUSTRY Retail Hdwe	11. BIRTHPLACE (City and State or Foreign Country) Crane, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George W. Henry	13b. MOTHER'S MAIDEN NAME Ella M. Hancock	14. NAME OF HUSBAND OR WIFE Maude M. Henry
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 514-18-2691A	17. INFORMANT'S SIGNATURE OR NAME Mrs. Alice Combs	ADDRESS 4600 Madison
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Right Cerebral hemorrhage		9/16/52
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Essential hypertension DUE TO (c) Malignant hypertension		Feb 51
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.		331X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 6/17 ^{10:46} to 9/20, 1952 that I last saw the deceased alive on 9/20, 1952 and that death occurred at 6:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE W. G. Willits	(Degree or title)	23b. ADDRESS 1515 Professional Bldg	23c. DATE SIGNED 9/23/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-23-52	24c. NAME OF CEMETERY OR CREMATORY Mt. Washington	24d. LOCATION (City, town, or county) (State) Kansas City Mo.
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DATE REC'D BY LOCAL REG. 9-29-52	REGISTRAR'S SIGNATURE E. Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE W. Wagner	ADDRESS K C Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

6161-1A
07-1919

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 Alvin R. Haunsche

Licensed Embalmer No. 4159

P. O. Address K. E. 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.