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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14344
1874

FILED APR 25 1953

State File No. _____

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> b. CITY OR TOWN <u>KANSAS CITY</u> c. LENGTH OF STAY (in this place) <u>15 YRS</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2425-E-28th ST.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> c. CITY OR TOWN <u>KANSAS CITY</u> <u>3408</u> d. STREET ADDRESS (If rural, give location) <u>2425-E-28th ST.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LEONARD</u> b. (Middle) _____ c. (Last) <u>McHenry</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-4-1953</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>COLORED</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>		8. DATE OF BIRTH <u>AUG. 30, 1910</u>		9. AGE (in years last birthday) <u>42</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>PORTLAND, ARKANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>MILTON McHENRY</u>		13b. MOTHER'S MAIDEN NAME <u>AGNES JONES</u>	
14. NAME OF HUSBAND OR WIFE <u>LILLIE McHENRY</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>429-09-2920</u>		17. INFORMANT'S SIGNATURE OR NAME <u>RENA NASH</u> ADDRESS <u>-2807 OLIVE, K.C.M.</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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Heart Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION <u>History from Physician</u>				INTERVAL BETWEEN ONSET AND DEATH <u>420⁰</u>			
20. AUTOPSY? YES ☐ NO ☒		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 ☐ 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 <u>Thos. A. Jones MD</u> (Degree or title)				23b. ADDRESS <u>31612 E 12th</u>		23c. DATE SIGNED <u>4/6/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE OF BURIAL <u>4-8-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BLUE RIDGE LAWN</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO.</u>	
DATE REC'D BY LOCAL REG. <u>4-7-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>BRADY-BROWN</u> ADDRESS <u>-K.C., MO.</u>			

(Licensed Embalmers' Statement on Reverse Side)

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 _____

Licensed Embalmer No. 4531

P. O. Address Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.