

FILED JUN 3, 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18066

2559

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 2559				
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 OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 3 yrs. 3 days		c. CITY OR TOWN Kansas City						
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2				d. STREET ADDRESS (If rural, give location) 228 3029 Kansas Avenue						
3. NAME OF DECEASED (Type or Print) a. (First) Leo b. (Middle) Edward c. (Last) Henderson			4. DATE OF DEATH (Month) (Day) (Year) 5 17 1953							
5. SEX 2 Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 7-17-1903		9. AGE (in years last birthday) 49	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter		10b. KIND OF BUSINESS OR INDUSTRY Highland Drug Store		11. BIRTHPLACE (City and State or Foreign Country) South Park Kansas			12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME Thomas Henderson			13b. MOTHER'S MAIDEN NAME Katie Dyer			14. NAME OF HUSBAND OR WIFE Mary Henderson				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 495-05-6321		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Henderson 2029 Kansas Ave. 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, assthenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease 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. Cardiac Failure Uremia INTERVAL BETWEEN ONSET AND DEATH 4435										
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 5-14-53, 19, to 5-17-53, 19, that I last saw the deceased alive on 5-17-53, 19, and that death occurred at 9:30 a.m., from the causes and on the date stated above.										
23a. SIGNATURE E. Frank Ellis, M.D.				23b. ADDRESS 600 East 22nd Street			23c. DATE SIGNED 5-18-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-21-1953		24c. NAME OF CEMETERY OR CREMATORY Westlawn		24d. LOCATION (City, town, or county) (State) Kansas City, Kansas.				
DATE REC'D BY LOCAL REG. 5-19-53		REGISTRAR'S SIGNATURE Geraldine Smith			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. J. W. Jones 440 State Ave.					

(Licensed Embalmer's Statement on Reverse Side)

Kansas City, Kansas

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

JAN 9 1958

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 Ernest English
Licensed Embalmer No. 4105

P. O. Address 440 State St.
R. E. 1/2

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.