

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28656

State File No. \_\_\_\_\_

3924

FILED AUG 27 1953

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>2 yrs.</b>	c. CITY OR TOWN <b>Kansas City</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Gen. Hosp. #2</b>		e. STREET ADDRESS (If rural, give location) <b>2208 Charlotte</b>	

3. NAME OF DECEASED (Type or Print) <b>Howard S. Henderson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 5, 1953</b>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 3, 1922</b>	9. AGE (in years last birthday) <b>30</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Welder</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Heuler Wire Lines</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Shelby, N. Carolina</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>German Henderson</b>	13b. MOTHER'S MAIDEN NAME <b>Bessie Kemp</b>	14. NAME OF HUSBAND OR WIFE <b>Lela Henderson</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WWII</b>	16. SOCIAL SECURITY NO. <b>258-18-9368</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Herman Henderson</b>	ADDRESS <b>2208 Charlotte</b>
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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) <i>Myocardial Infarction</i>		ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		E 9 32
DUE TO (c) <i>Trauma</i>		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	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Homicide</b>	21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <b>18th &amp; Benton</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Jackson Missouri</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>8/5/53</b>	21e. INJURY OCCURRED: WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>in a fight.</b>
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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 <i>Thos. A. Jones</i>	(Degree or title) <b>3</b>	23b. ADDRESS <b>1612 E 17th</b>	23c. DATE SIGNED <b>8/5/53</b>
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24a. BURIAL CREMATION REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>8/7/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Volunta Georgia</b>	24d. LOCATION (City, town, or county) (State) <b>Wichita Missouri</b>
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DATE REC'D BY LOCAL REG. <b>8-7-53</b>	REGISTRAR'S SIGNATURE <i>Geraldine Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Walter Bess</i>	ADDRESS <b>18th &amp; Benton</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
Signature of Student Embalmer

Signed *Bruce R. Wathen*.....

Licensed Embalmer No. *450*

P. O. Address *18th St. Ben*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.