S. No. 300
v. 10.48

FILED AUG 19 1953

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 28657

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3905

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 32 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Research Hosp.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 5016 E. 7th. St. 3198

**3. NAME OF DECEASED** (Type or Print)
a. (First): Retta
b. (Middle): May
c. (Last): Henderson

4. DATE OF DEATH (Month) (Day) (Year): Aug. 5, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Jan. 17, 1901
9. AGE (In years last birthday): 52 | 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): Bookkeeper -Rose
10b. KIND OF BUSINESS OR INDUSTRY: Mercantile Co.
11. BIRTHPLACE (City and State or Foreign Country): Avery, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME: Robert M. Henderson
13b. MOTHER'S MAIDEN NAME: Arvilla Breshears
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: 495-05-2218
17. INFORMANT'S SIGNATURE OR NAME: Faye Henderson ADDRESS: 5016 E. 7th. St.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Follicular lymphoblastoma — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) None
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* None

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19a. DATE OF OPERATION: 10-28-47
19b. MAJOR FINDINGS OF OPERATION: Biopsy - Lymphoblastoma
20. AUTOPSY? YES [ ] NO [X]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-4, *1953, to* 8-5, *1953, that I last saw the deceased alive on* 8-5-53, *1953, and that death occurred at* 10:15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Samuel B. Chapman (Degree or title) M.D.
23b. ADDRESS: 830 Argyle Bldg K.C., MO
23c. DATE SIGNED: 8-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 7, 1953
24c. NAME OF CEMETERY OR CREMATORY: Mt. Moriah Ceme.
24d. LOCATION (City, town, or county) (State): Kansas City, Missouri

DATE REC'D BY LOCAL REG.: 8-6-53
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Earp & Sons 4139 Truman Rd. K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William H. Earp

Licensed Embalmer No. 4728

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.