

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4870

FILED FEB 18 1954

State File No. ....

480

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City Mo</u>	
c. LENGTH OF STAY (In this place) <u>62 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>3504 Pennsylvania</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Lukes Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mrs Nellie A.</u>	b. (Middle) <u>Henderson</u>	c. (Last) <u>Henderson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1-29-1954</u>
-------------------------------------	---------------------------------	------------------------------	----------------------------	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>July 5 1882</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
----------------------	-------------------------------	---	-------------------------------------	---	-----------------------------	------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bookkeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Custom Cleaners</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Jamestown Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
---	--	--	---

13a. FATHER'S NAME <u>Emanuel Mollenberg</u>	13b. MOTHER'S MAIDEN NAME <u>Laura Augustus</u>	14. NAME OF HUSBAND OR WIFE <u>Ira E. Henderson</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none 492-38-5929</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Warren Mollenberg</u>	ADDRESS <u>1412 E 73rd St</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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive Cerebral Hemorrhage</u>		18. INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Aneurysm of Artery of Willis</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>452</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 5-23, 1938, to 1-29, 1954, that I last saw the deceased alive on 1-29, 1954, and that death occurred at 5:35 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Harold M. Roberts</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>1103 Grand, Kan. City, Mo.</u>	23c. DATE SIGNED <u>1-30-54</u>
---	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-1-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Washington</u>	24d. LOCATION (City, town, or county) (State) <u>Jackson Co Mo</u>
---	-------------------------	---	--

DATE REC'D BY LOCAL REG. <u>1-30-54</u>	REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>France Wornall</u>	ADDRESS <u>Funeral Home K.E. Mo</u>
---	--	--	-------------------------------------

(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 embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Russell N. France

Licensed Embalmer No. 4255

P. O. Address K. C. M.

**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.