

FILED APR 2 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8118

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 350

1. PLACE OF DEATH  
a. COUNTY Buchanan  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Buchanan

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph c. LENGTH OF STAY (in this place) Lifetime  
c. CITY OR TOWN St. Joseph d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital  
e. STREET ADDRESS (If rural, give location) 916 Ashland Court. 2110

3. NAME OF DECEASED a. (First) Jennie b. (Middle) L. c. (Last) Henderson  
4. DATE OF DEATH (Month) (Day) (Year) March 25, 1956.

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married  
8. DATE OF BIRTH May 23, 1874 9. AGE (In years last birthday) 81 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) Housewife  
10b. KIND OF BUSINESS OR INDUSTRY At home  
11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Missouri. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Thomas J. McKillip 13b. MOTHER'S MAIDEN NAME Jane Scott 14. NAME OF HUSBAND OR WIFE Fred E. Henderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year, date of service) No  
16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Fred E. Henderson St. Joseph, Mo.

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Pneumonia Hypostatic Congestive heart failure  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) arteriosclerotic heart & kidney disease Hypertension 10 years  
DUE TO (c) Bilirubin of liver (portal) E acites 2 years  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus 8 years  
INTERVAL BETWEEN ONSET AND DEATH  
5 days

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 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) St. Joseph, Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) \_\_\_\_\_ 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 Oct 28, 1944, to March 25, 1956, that I last saw the deceased alive on March 25, 1956, and that death occurred at 3:50 P.M. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) S.P. Senos M.D. 23b. ADDRESS St. Joseph, Mo. 23c. DATE SIGNED 3-26-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Entombment 24b. DATE Mar. 27, 1956 24c. NAME OF CEMETERY OR CREMATORY Ashland Mausoleum 24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Mar 29, 1956 Lothar M. Allison 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Meierhoff & Selman, Inc. St. Joseph, Mo.

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 *Albert B. Harrington*  
Licensed Embalmer No. 3258.....

P. O. Address ..... St. Joseph,

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.