

FILED SEP 27 1956

STANDARD CERTIFICATE OF DEATH

30744

STATE FILE NUMBER 3855

Registration District No. 149 Primary Registration District 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, give TOWNSHIP only) OR TOWN <b>KANSAS City 4</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>KANSAS City 3188</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If not in hospital or institution) <b>3726 Walnut Haven Manor Com.</b> Length of stay in lb <b>39 YRS</b>		d. STREET ADDRESS (If outside, give location) <b>1134 Montgall</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>FRANK YONELMER HENRY</b>			4. DATE OF DEATH Month Day Year <b>August 28 56</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JAN 17-1869</b>
9. AGE (In years not birthday) <b>87 YRS</b>	IF UNDER 1 YEAR Months Days Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>KC. TERMINAL</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Rail Road.</b>
11. BIRTHPLACE (City and state or country) <b>SOMAHOCK Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	13. FATHER'S NAME <b>JOHN V. HENRY</b>	14. MOTHER'S MAIDEN NAME <b>CAROLINE POPLIN</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No NONE</b>	16. SOCIAL SECURITY NO. <b>705-03-8325</b>	17. INFORMANT Address <b>MRS. GEORGE B. HUME, 5817 WAYNE, K.C. MO.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerosis severe with senile dementia.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <b>4500</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>June 56</b> , to <b>8/28/56</b> and last saw her alive on <b>Aug 27 56</b> Death occurred at <b>6:35 P.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>D. W. Newcomer M.D.</b>		22b. ADDRESS <b>KC Mo 409 E 63rd</b>	
22c. DATE SIGNED <b>8/29/56</b>		23. LOCATION (City, town, or county) (State) <b>KANSAS CITY Missouri</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>CREMATION</b>	23b. DATE <b>SEPT-1-1956</b>	23c. NAME OF CEMETERY OR-CREMATORY <b>D.W. NEWCOMER'S SONS</b>	23d. LOCATION (City, town, or county) (State) <b>KANSAS CITY Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>D. W. Newcomer's Sons K.C. Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>9-3-56</b>	26. REGISTRAR'S SIGNATURE <b>Neva Marshall</b>

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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.....

*Rallie Kessel*

Licensed Embalmer No. 467

P. O. Address K.C.M.

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.