S. No. 2
OM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 3 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3731C

Registration District No. 149 — Primary Registration District No. 1602 — Registrar's No. 4887

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4927 VIRGINIA / AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ------ (Specify whether in this community years, months or days) 25 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3 (If outside city or town limits, write "RURAL") 8

(d) Street No. 4927 VIRGINIA AVENUE
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country ------ 0

3. (a) PRINT FULL NAME WILLIAM ARTHUR HENDERSON, M.D.

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced 2 WIDOWED

6. (b) Name of husband or wife MRS. Unknown

6. (c) Age of husband or wife if alive ---- years

7. Birth date of deceased FEBRUARY 13 1857 (Month) (Day) (Year)

8. AGE: Years 86 | Months 9 | Days 5 | If less than one day ..... hr. ..... min.

9. Birthplace CHILLICOTHE (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation PHYSICIAN

11. Industry or business RETIRED 15 YEARS

FATHER
12. Name JOHN HENDERSON
13. Birthplace MADISON COUNTY (City, town, or county) KENTUCKY (State or foreign country)

MOTHER
14. Maiden name MARY F. COOK
15. Birthplace HUNTSVILLE (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant DR. JAMES P. HENDERSON

(b) Address 4927 VIRGINIA AVENUE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 19 1943 (Month) (Day) (Year)

(c) Place: burial or cremation CHILLICOTHE MISSOURI

18. (a) Signature of funeral director D. A. Newcomer's Son

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 11-19-43 (Date received local registrar) (b) R. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 18th year 1943 hour 11 minute 50 A.M.

21. I hereby certify that I attended the deceased from Nov. 12th, 1943, to Nov. 18, 1943; that I last saw him alive on Nov. 18, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio Vascular disease with

Due to Hypertension

Due to 93d

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) MD

Address 807 Argyle Bldg Date signed 11/19/43

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K.C. Mo.

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 this body is not embalmed, fact should be so stated above.