16-53

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

29619

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City Mo (No. General Hospital St. Ward)
Registration District No. 395
Primary Registration District No. 0002
File No.
Registered No. 3542

2. FULL NAME Harry Hankenberry
(a) Residence, No. 1509 Doard St St., Rosedale Kas Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 20 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marie K. Hankenberry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20, 1881

7. AGE: Years 52 | Months 1 | Days 17 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RR Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. K.C. Terminal
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 32 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER
13. NAME Benjamin C. Hankenberry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Gertrude Scruggs
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Miss Helen Hankenberry
(ADDRESS) 1509 Doard Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lee Summit DATE Sept. 9, 1933

19. UNDERTAKER Gates Funeral Home
(ADDRESS) Kansas City Kansas

20. FILED 9-7, 1933 M M Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-6, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19.... I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 9:55 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Aortic and mitral Endocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) ..... M. D.
(Address)