

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

Do not use this space.

MAR 13 1937

6537

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No.
Primary Registration District No.

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. 912 Tracy St., 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Henk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 12, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 10 7

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

12. BIRTHPLACE (CITY OR TOWN) Benton Co. Mo. (STATE OR COUNTRY)

13. NAME John H. Henk

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

15. MAIDEN NAME Maggie Hagbush

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

17. INFORMANT Mr. Edgar Buckles (ADDRESS) 531/2 Harrison

18. BURIAL, CREMATION, OR REMOVAL PLACE Flora Hills DATE 2-25-37

19. UNDERTAKER J. F. O'Donnell Co (ADDRESS) R. C. Mo

20. FILED 2-20-37 M. M. Clowe and Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/19/37

22. I HEREBY CERTIFY That I attended deceased from 12:30 P to 1:00 P, 1937

I last saw him alive on Death is said to have occurred on the date stated above.

The principal cause of death and related causes of importance were as follows:

Fracture of right femur
Pulmonary embolism

Other contributory causes of importance:

Name of operation Autopsy Date 2/19/37
What test confirmed diagnosis Autopsy Was there an autopsy?

23. If death was due to external causes (violence), fill in the following: Accident, suicide, or homicide Date of injury 2/19/37

Where did injury occur? 621 Harrison (Specify city or town, county, and State)
Specify whether injury occurred in factory, in home, or in public place.

Manner of injury Fall and fractured femur
Nature of injury (while walking)

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signature) [Signature], M. D.
(Address) [Address]

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.

