

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

Do not use this space.

**JAN 17 1938**

**44342**

**1. PLACE OF DEATH**

County Jackson Registration District No. 380  
 Township Kaw Primary Registration District No. 1002  
 City Kansas City, Mo. (No. Conley Hospital, K. C. Mo.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. **5245**

**2. FULL NAME**

Henry C. Mensing Ward \_\_\_\_\_  
 (a) Residence, No. 225 North Brooklyn Avenue

(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 (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie Mensing  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1st, 1857  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
80 9 22  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Realestate  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 23rd, 1937

22. I HEREBY CERTIFY That I attended deceased from Dec. 19th 1937, to Dec 23rd 1937  
 I last saw him alive on Dec 23rd 1937 Death is said to have occurred on the date stated above, at 11:50 a.m.

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

Hypostatic Pneumonia Dec 19 Date of onset \_\_\_\_\_

Other contributory causes of importance:

Chronic Myocardial Degeneration

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

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) E. A. King D.P. 3 M.D.  
 (Address) Conley Hospital  
619 1/2 Salfield

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo.  
 13. NAME John Henry Mensing  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 15. MAIDEN NAME Mary E. Yerger  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Minnie Mensing, 225 No. Brooklyn  
 (ADDRESS) Kansas City, Missouri.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Elmwood Cemetery, Dec. 27th, 1937

19. UNDERTAKER Mrs. C. L. Forster, K.C. Mo.  
 (ADDRESS) \_\_\_\_\_

20. FILED 12-27-37 M. L. Crowder  
 Registrar.

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.

