

REC'D MAR 4 1938

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

 5860
 Do not use this space.

1. PLACE OF DEATH

 (a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1602
 (c) City Kansas City (d) Street No. Wesley Hosp. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
Registered No. 9262. PRINT FULL NAME Jennette Hensch 6210
 (a) Residence, No. 6717 Jefferson Ave St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX Fe 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Abraham
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
 7. AGE YEARS 75 MONTHS DAYS If LESS than 1 day, hrs. min.

 OCCUPATION 8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. Asst
 9. Industry or business in which work was done, as 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) (STATE OR COUNTRY) Russia13. NAME Not Known14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known15. MAIDEN NAME Not Known16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known17. INFORMANT Mrs M. E. Otis (ADDRESS) 6717 Jefferson18. BURIAL, CREMATION, OR REMOVAL PLACE MT Carmel DATE 2-27-193819. FUNERAL DIRECTOR J. P. Louis Funeral Home (ADDRESS) City20. FILED 2/27, 1938 M. M. Grover Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-25-1938
 22. I HEREBY CERTIFY, That I attended deceased from No. 2nd, 1938, to Feb. 25, 1938

 I last saw her alive on Feb. 24, 1938. Death is said to have occurred on the date stated above, at 7 P. m.

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

Coronary calcification

Date of onset

Other contributory causes of importance:

NeuroplegiaName of operation None Date of None
What test confirmed diagnosis? Laboratory Was there an autopsy? No.23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No. Date of injury, 1938

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? No.

If so, specify

(Signed) Joseph H. Freeman, M. D.(Address) 325 Myrtle Bldg.

STATEMENT BY LICENSED EMBALMER

I, Philip L. Lewis, Licensed Embalmer No. 3110

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by..... Registered Apprentice No.....

working under my personal supervision.

Signed Philip L. Lewis

Licensed Embalmer No. 3110

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

OF DEVIATION FROM THE RULES OF THE BOARD OF HEALTH OF THE CITY OF PHOENIX, ARIZONA, IN THE MATTER OF THE EMBALMING OF THE BODY OF.....

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County..... Registration District No..... File No.....
Township..... Primary Registration District No..... Registered No. 926
City..... (No. Wesley Hospital St. Ward)

2. FULL NAME

Jeanette Hesch

(a) Residence, No. 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 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>75</u>			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House

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) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 7/27 1938 J. A. A. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/25, 1938

22. I HEREBY CERTIFY, That I attended deceased from to, 19.....

I last saw h..... alive on, 19..... Death is said

to have occurred on the day stated above, at..... m.

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

Coronary Occlusion Date of onset
Cerebral Hemorrhage
9463
Other contributory causes of importance:
Paraplegia

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) Joseph H. Greenway M. D.

(Address) 325 Frayle Rd

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

When reported, a fee should be stated EXACTLY. PHYSICIANS should state cause, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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