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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 15 1940

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20988

Primary Registration District No. 1002

Registrar's No. 2605

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6614 E. 12th Terr.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 30 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City Mo.
(If outside city or town limits write "RURAL")

(d) Street No. 6614 E. 12th Terr.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Ina May Hessenflow 251

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Paul Hessenflow

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased July (Month) 22 (Day) 1894 (Year)

8. AGE: Years 45 | Months 11 | Days 4 | If less than one day ___ hr. ___ min.

9. Birthplace Henriette (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Robert Herald
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Elva Herald Missouri
15. Birthplace Sedalia (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Paul Hessenflow
(b) Address 6614 E. 12th Terr.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-40 (Month) (Day) (Year)
(c) Place: burial or cremation Richmond Missouri

18. (a) Signature of funeral director Rose & Henderson
(b) Address 4139 E. 15th St. K.C.Mo

19. (a) June 27, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1940 hour 6 minute 30 a M.

21. I hereby certify that I attended the deceased from June 23, 1940, to June 26, 1940
that I last saw her alive on June 26, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrage "Apoplexy" — Duration: 3 days

Due to Arterio-schlerosis and Hypertension

Due to P

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓

Of autopsy None

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 B. W. Manley (M. D. or other)
Address 5328 E 24th Date signed 6-26-40

(Licensed Embalmer's Statement on Reverse Side)

5328½ E. 24

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 G. E. Henderson

Licensed Embalmer No. 3657

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, above space should be left blank.