

No. 2
4-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5725
497

State File No. _____
Registrar's No. _____

MAR 14 1941

Registration District No. 399 Primary Registration District No. 1002

18
3
8
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: Little Sisters of Poor
(If not in hospital or institution, write street number or location) 5
(d) Length of stay: In hospital or institution 9 years
In this community 9 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME LENA HESCHER
(b) If veteran, name war No
(c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Singles
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 31, 1871
(Month) (Day) (Year)

8. AGE: Years 70 Months - Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Henri Hescher

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Anna Nicolay
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Little Sisters of Poor
(b) Address 5331 Highland, K. C., Mo.

17. (a) Burial (b) Date thereof 2/6/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys Cemetery

18. (a) Signature of funeral director John T. Skinner
(b) Address 20 W. _____

19. (a) 2-3-41 (b) M.M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 5331 Highland
(If rural, give location) 0 48 years
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 2
year 1941 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from March
1939 to Feb. 2, 1941;
that I last saw h. alive on January 31, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
3 weeks

Due to Hypertension 2 years

Due to g4w

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations g4w
Of autopsy _____
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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature John T. Skinner (M. D. or other) _____
Address 1422 Bryant Bldg. Date signed 2/3/41

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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.