

No. 2  
4-13-40  
5-1-39  
X23159

FILED JUN 10 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 17236

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1898

188  
193  
88

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

1. PLACE OF DEATH: Jackson  
 (a) County  
 (b) City or town Kansas City  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Menorah Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 Day (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary HOHENSCHILD  
 3. (b) If veteran, name war. No.  
 3. (c) Social Security No.

4. Sex Female  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced INFANT  
 6. (b) Name of husband or wife  
 6. (c) Age of husband or wife if alive years  
 7. Birth date of deceased May 13th 1941  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	000	000	000	7 hr. min.

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

10. Usual occupation - INFANT

11. Industry or business -  
 MOTHER FATHER { 12. Name Francis Hohenschild  
 13. Birthplace Kansas City (Missouri)  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mary E. Scanlan  
 15. Birthplace Kansas City, (Missouri)  
 (City, town, or county) (State or foreign country)

16. (a) Informant Francis Hohenschild  
 (b) Address 423 East 61st, K.C. Mo.

17. (a) Burial (b) Date thereof 5/14/41.  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation St Marys Cemetery

18. (a) Signature of funeral director Melody - McGilley  
 (b) Address K. C. Mo.

19. (a) May 14-41 (b) M. M. Crowe  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jac kson 44  
 (c) City or town Kansas City 3  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 423 East 61st Street 8  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month MAY day 13 th  
 year 1941 hour 12:26 minute p.m. M.  
 21. I hereby certify that I attended the deceased from Birth 5:26 AM  
 May 13th 1941 to Death 5/13/41  
 that I last saw her alive on May 13th 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Anomaly  
 Duration

Due to 157 M  
 Due to 157 M

Other conditions (Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations  
 Of autopsy  
 PHYSICIAN

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 place of injury)  
 23. Signature A. M. Silkey (M. D. or other) MD  
 Address K.C. MO. Professional Bldg. Date signed 5/14/41

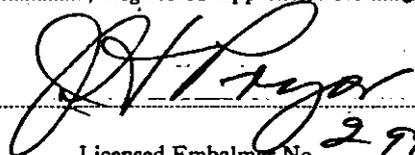
**STATEMENT BY LICENSED EMBALMER**

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. 267

working under my personal supervision.

Signed.....



Licensed Embalmer No. 2997

P. O. Address FC

**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.**