

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(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.....
In this community 34 Years (Specify whether years, months or days) 0

3. (a) PRINT FULL NAME Benjamin Hanick

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Eva Hanick 6. (c) Age of husband or wife if alive 12 years (Month) (Day) (Year)
7. Birth date of deceased December 12 1873

8. AGE: Years Months Days If less than one day
67 11 29 hr. min.

9. Birthplace Austria 4 (City, town, or county) (State or foreign country)

10. Usual occupation Tailor

11. Industry or business

MOTHER FATHER { 12. Name Harry M. Hanick
13. Birthplace Austria 4 (City, town, or county) (State or foreign country)
14. Maiden name Pesha
15. Birthplace Austria 4 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sophia Eisen
(b) Address 5721 Holmes, K. C. Mo.
17. (a) Burial (b) Date thereof 12-12-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sheffield

18. (a) Signature of funeral director J. P. Louis Funeral Home
(b) Address 3400 Woodland, K. C. Mo.

19. (a) 12/11/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 2309 Holmes (If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11
year 1941 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from Dec. 8 1941 to Dec. 11 1941
that I last saw h. i. in alive on Dec. 10 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease & Cardiac Failure (left ventricular) Duration 3 yrs.

Due to cardiac & pulmonary embolism

Due to inert due to pericarditis & gibbus of thorax

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 9319

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

23. Signature David M. [unclear] (M. D. or other)
Address 200 Huron Bldg. K. C. Mo. Date signed 12-11-41

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

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.