S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 02 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13367

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1644

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

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: 506 Norton 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 21 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City, 3
(If outside city or town limits, write "RURAL")
(d) Street No. 506 Norton 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Frank Hoehenreiner

3. (b) If veteran, name war No.

3. (c) Social Security No. 512-03-4328

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife No

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

7. Birth date of deceased Febr. 2nd 1902
(Month) (Day) (Year)

8. AGE: Years 40 Months 2 Days 22 If less than one day hr. min.

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

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name Gregor Hohenreiner
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Theresa Buchberger
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Theresa Hohenreiner (Mother
(b) Address 506 Norton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 27th 1942
(Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director Eylar Furneral Home
(b) Address 1800 Linnwood Blvd.

19. (a) 4-27-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day 4-24-42
year hour minute 6:20 P.

21. I hereby certify that I attended the deceased from 19 to 19
that I last saw h alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death Deputy Coroner

External hemorrhage

Due to Laceration of wrists, cubital fossa & neck

Other conditions 164 dc
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Yes

Duration

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) Suicide
(b) Date of occurrence 4-24-42
(c) Where did injury occur? K.C. Jo Mo
(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 Victor Kuhlen (M.D. or other)
Address K.C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

Mc

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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 Chas Wilks

Licensed Embalmer No. 2644

P. O. Address 1800 Linwood

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.