DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36238

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4428

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: St. Lukes 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 8 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ~~Jackson~~ 48 2

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. Olathe Kansas
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Norma M. Hessenflow

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Fe

5. Color or race Wh

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

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

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased Dec. (Month) 28th (Day) 1915 (Year)

8. AGE: Years 26 Months 11 Days 0 If less than one day hr. min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Henry B. Mann
13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mable Vaughn
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Harold Hessenflow
(b) Address Olathe Kansas

17. (a) ~~Burial~~ (~~Burial, cremation~~, or removal) (b) Date thereof Nov. 30-42
(Month) (Day) (Year)
(c) Place: burial or cremation Buckner Missouri

18. (a) Signature of funeral director Rose & Henderson
(b) Address 15th, & Jackson

19. (a) 11-30-42 (Date received local registrar) (b) N. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 28
year 1942 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from
, 19 , to 11-28 1942
that I last saw him alive on Nov 27 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myelogenous Leukemia

Due to

Due to 74a

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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)

(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 [signature] 0 (M. D. or other) M.D.
Address 311 Argyle Bldg Date signed 11/28/42
12 Cy Mo

(Licensed Embalmer's Statement on Reverse Side)

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 comp the above constitutes grounds for revocation of license.)

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

1. Affidavits containing erasures will not be accepted; draw one line through error and write above it.
2. An item already amended once by affidavit cannot be amended again by affidavit.
3. A surname is changed by court order or by adoption or legitimation procedures.

The Division of Health of Missouri
BUREAU OF VITAL STATISTICS

State File No. 36238-42

State of Missouri } ss.
County of Jackson

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 4428

On this 9th. day of June, 1958, before me appears John B. Earp, who, upon his oath, states that the original record of ~~birth~~ death for Norma M. Hessenflow ~~xxxxxx~~, ~~xxxxxxxxx~~ died Nov. 28, 1942, 19..., in the State of Missouri, and which was filed at ~~Kansas City~~ Jefferson City, Missouri on 11-30-42, 19..., should be corrected as follows:

Item No. 2 should read Olathe, Kansas Johnson County Kansas
Instead of Olathe, Missouri

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ... Verified by Funeral Home Records.

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant John B. Earp
Owner of Funeral Home — Relationship.
Kansas City, Mo.
Present Address.

Subscribed and sworn to before me this 9th day of June, 1958.
My Commission expires August 24, 1960 Bessie W. Smith Notary Public.

V. S. 460

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