

V. S. No. 2
50M-542
Rev. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9122

MAR 20 1943

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1255

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:
1514 Locust
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 47 years (Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1514 Locust
(If rural, give location)

(e) Citizen of foreign country? naturalized about 61 yrs. (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Henry Hogenborn

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATE

20. DATE OF DEATH: Month 11 11
year 1943 hour 9 minute 15 P. M.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Helen Hogenborn 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Sept 1 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb - 1 1943 to Mar 11 1943
that I last saw him alive on....., 19.....
and that death occurred on the date and hour stated above.

8. AGE: Years 80 Months 6 Days 10 If less than one day hr. min.

Immediate cause of death Chronic Myocarditis

Due to Senility

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

10. Usual occupation Retired Farmer

Due to 920

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

12. Name William Hogenborn

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

14. Maiden name unknown

15. Birthplace Holland
(City, town, or county) (State or foreign country)

Major findings: Of operations.....

Of autopsy.....

16. (a) Informant Mrs Martha Hogenborn

(b) Address 819 West 30th Independence Mo

17. (a) Burial (Burial, cremation, or removal) Mt Washington (b) Date thereof Mar 11 - 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Mt Washington

18. (a) Signature of funeral director Mrs. C. L. Foster

(b) Address 918 Brooklyn Kansas City Mo

19. (a) 3-13-43 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
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 2 DD

23. Signature Samuel S. Schwartz (M. D. or other) 2 DD

Address 718 Chambers Bldg Date signed 3-12-43

561

Mr. J. J. Schwartz
Emblicer 12/11/89
VI 4989
before 5pm

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 Theron A. Redmon

Licensed Embalmer No. 2737

P. O. Address R.L. Mo.

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.