

FILED FEB 3 1944

Registration District No. _____

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kan City
(c) Name of hospital or institution: 622 Benton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 10 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kan City
(If outside city or town limits, write "RURAL")
(d) Street No. 622 Benton
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Harvey Hembraugh

(b) If veteran, name war no

(c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Harriet 6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased March 24 1861
(Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation Painter

11. Industry or business Retired

12. Name David Hembraugh
13. Birthplace Penn
(City, town, or county) (State or foreign country)
14. Maiden name No Record
15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Hembraugh

(b) Address Parsons Road

17. (a) Removed (b) Date thereof 1/12/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parsons Road

18. (a) Signature of funeral director Snow-Mayberry

(b) Address 2316 Lenwood

19. (a) Jan 12 1944 (b) J E Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12
year 1944 hour 4 minute a.m.
21. I hereby certify that I attended the deceased from 1/10
1944 to 1/12 1944
that I last saw him alive on 1/11
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Myocarditis
Due to _____
Chronic Nephritis
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death) 1316

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations None
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence no
(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. Signatures J E Brown (M. D. or other)
Address 622 Benton Date signed 1/12/44

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..... *Ray E Snow*

Licensed Embalmer No. *2560*

P. O. Address..... *K. E. M.*

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.