

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

33174
 State File No.

FILED NOV 13 1944

4274

Registration District No. 179

Primary Registration District No. 1002

Registrar's No.

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:
Turner Convalescent Home-1811 Myrtle
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 weeks 4
38 years (Specify whether
 In this community 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. 4911 Montgall 8
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT MRS. JOSEPHINE HAINKEL
 FULL NAME
 3. (b) If veteran, name war XX 3. (c) Social Security No. No No

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Julius Hainkel 6. (c) Age of husband or wife if alive 86 years
 7. Birth date of deceased November 2 1859
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 11 22 hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name Alexander Mott
 13. Birthplace 4 Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name No record
 15. Birthplace 4 Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant Irvin Hainkel
 (b) Address 4936 Michigan

17. (a) Burial (b) Date thereof 10-26-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park
 18. (a) Signature of funeral director J. M. Wagner
Kansas City, Mo.

(b) Address 26 Brown
 19. (a) Oct 25 1944 (b) J. E. Brown
 (Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct. day 24th
 year 1944 hour 5: minute 30 A. M.

21. I hereby certify that I attended the deceased from Aug 1944, to Oct 24 1944
 that I last saw her alive on Oct 20 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration
 Due to old age
arteriosclerosis
 Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 93d
 Of operations
 Of autopsy no

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) (c) Means of injury 0
 23. Signature J. E. Brown (M. D. or other) MD
 Address 10139 Poplar Date signed 10/25/44

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

Recd. 7 30
V-3434
R. H. & P. M.

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City 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.