

FILED FEB 6 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 242

1. PLACE OF DEATH: Jackson
 (a) County Kansas City
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 3406 Montgall
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution XX
 In this community 63 years 1 (Specify whether years, months or days)

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. 3406 Montgall
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MRS. CAMILLA M. HENSCHEL
 3. (b) If veteran, name war XX
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 14 year 1945 hour 10 minute 45 M.
 21. I hereby certify that I attended the deceased from 10th 1944 to Jan 14 1945
 that I last saw her alive on Dec 28 1944
 and that death occurred on the date and hour stated above.

4. Sex Fe / 5. Color or race Wh
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Oscar L. Henschel
 6. (c) Age of husband or wife if alive XX
 7. Birth date of deceased August 4 1859
(Month) (Day) (Year)

Immediate cause of death: Coronary thrombosis myocardial infarction
 Due to the further
 Due to _____
 Other conditions: hypertension
(Includes pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
85 5 10 hr. _____ min.

Major findings: 131K
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

9. Birthplace Germany
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

11. Industry or business No Record
 12. Name No Record
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name No Record
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Flora Henschel
 (b) Address 3406 Montgall
 17. (a) Burial (b) Date thereof Jan 17-1945
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Moriah

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) (e) Means of injury _____
 23. Signature [Signature] (M. D. or other) MD
 Address 1014 W. 1st St. Date signed 1/14/45

18. (a) Signature of funeral director J. N. Wagner
 (b) Address Kansas City, Mo.
 19. (a) 1-16-45 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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.