

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36871

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 11 1945

State File No. 12599  
Registrar's No. 193

Registration District No. 177

Primary Registration District No. 5569

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

1. PLACE OF DEATH:  
(a) County... Jackson  
(b) City or town... Rural KADAWING TWP  
(c) Name of hospital or institution:  
56th & Northern, Route No. 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution... XX  
In this community... 45 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State... Missouri (b) County... Jackson 45  
(c) City or town... Rural  
(d) Street No... 56th & Northern Route No. 3  
(If outside city or town limits, write "RURAL")  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country...

3. (a) PRINT FULL NAME HIPHERMAN GENUIT  
(b) If veteran, name war... No  
(c) Social Security No... None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 20th  
year 1945 hour 8: minute 30 P M.

4. Sex Male 5. Color or race... Wh  
6. (a) Single, widowed, married, divorced... Married  
6. (b) Name of husband or wife... Julia Genuit  
6. (c) Age of husband or wife if alive... 71 years  
7. Birth date of deceased... April 11 1872  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Coroner, 19... to 19...  
that I last saw h... alive on... and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 9 Days 0  
If less than one day hr. min.

Immediate cause of death... Coronary occlusion  
Due to... arterio-sclerosis

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

Due to...  
Other conditions... (Include pregnancy within 3 months of death)

10. Usual occupation... Retired Grocer

Major findings: Q40  
Of operations...  
Of autopsy... See History & Impression

MOTHER FATHER {  
11. Industry or business...  
12. Name... August Genuit  
13. Birthplace... Germany  
14. Maiden name... Anna Scharnhorst  
15. Birthplace... Germany  
(City, town, or county) (State or foreign country)

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

16. (a) Informant... Mrs. Julia Genuit  
(b) Address... 56th & Northern, R No. 3  
17. (c) Burial (b) Date thereof... 4-23-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation... Elmwood Cemetery

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? \_\_\_\_\_

18. (a) Signature of funeral director... J. W. Wagner  
(b) Address... Kansas City, Mo.  
19. (a) 4/23/45 (b) Malcolm Harvin  
(Date received local registrar) (Registrar's signature)

23. Signature... James Walker (M.D. or other) Walker  
Address... 1424 Poplar St Date signed... 4-21-45

1159

(Licensed Embalmer's Statement on Reverse Side)

MAR 17 1954

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

*Alvin R. Hainschild*

Licensed Embalmer No.

*4159*

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.**