

FILED SEP 21 1946
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4227

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:
D. O. Hosp. 11th, & Harrison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution /week
(Specify whether
In this community 31 years
years, months or days)

3. (a) PRINT FULL NAME William Henke

3. (b) If veteran, name war No
3. (c) Social Security No. 490-16-1670

4. Sex Male (1) 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Lillian Henke
6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased Sept. 22 1870
(Month) (Day) (Year)

8. AGE: Years 76 Months 0 Days 15
If less than one day hr. min.

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

10. Usual occupation Union Wire Rope Corp.

11. Industry or business Corp.

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Karl Oberheu

(b) Address 3000 East 21st, St.

17. (a) Burial (b) Date thereof 10/9/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Earp & Sons

(b) Address 4139 East 15th, St.

19. (a) 10-7-46 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

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. 3000 East 21st, St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7th.
year 1946 hour 3 minute 45A. M.

21. I hereby certify that I attended the deceased from October 7 to Oct. 6 1946
that I last saw him alive on Oct. 6 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Interstitial Nephritis
Due to Arteriosclerosis.

Due to _____
Other conditions 1310
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 Dr. Roy Young (M.D. or other) D.O.
Address 253-4 W. 13th Date signed 10-7-46

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

*Don [unclear]
35 [unclear] + [unclear]
Wesley Blvd*

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.....

.....
working under my personal supervision.

Registered/Apprentice No.

Signed.....

Licensed Embalmer No.

P. O. Address.....

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.