

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

FILED NOV 5 1946

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4445

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 TRINITY LUTHERAN HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 WEEKS
(Specify whether years, months or days) 35 YEARS

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") 8
(d) Street No. 3856 FOREST AVENUE 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DR. HENRY M. HITTNER
3. (b) If veteran, name war No
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month OCT day 21 year 1946 hour 4 minute 30 M.
21. I hereby certify that I attended the deceased from September 8th, 1946, to Oct 21, 1946.
that I last saw him alive on Oct 20, 1946, and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MRS. EDITH MALLORY HITTNER
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased MAY 16 1871
(Month) (Day) (Year)

Immediate cause of death Arteriosclerosis
occlusion -
Essential hypertension
Due to Coronary artery sclerosis
Duration 6 weeks 50+
years?

8. AGE: Years Months Days If less than one day
75 5 5 hr. min.

Other conditions (Include pregnancy within 3 months of death)
Due to _____
Due to _____
Other conditions _____
Major findings: good
Of operations _____
Of autopsy Refused

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

10. Usual occupation PHYSICIAN

11. Industry or business OFFICES IN SHUKERT BLDG.

12. Name HENRY M. HITTNER

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

14. Maiden name MARGARET DOUGHERTY

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

16. (a) Informant MRS. GEORGE D. LIBBY

(b) Address SEYMOUR WISCONSIN

17. (a) BURIAL (b) Date thereof OCT 23 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEMETERY

18. (a) Signature of funeral director Wm. Newcomer, Sr.

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 10-23-46 (b) Theraldine Holmes
(Date received local registrar) (Registrar's signature)

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 b

23. Signature Joseph E. Walker (M. D. or other) MD
Address 836 Prof Bldg Date signed 10/21/46

836 Professional Body
1:30-5

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 Bernard J. Horan
Licensed Embalmer No. 4250
P. O. Address A C 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.