

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **JACKSON**
(b) City or town **KANSAS CITY**
(c) Name of hospital or institution: **ST JOSEPH HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 DAYS** (Specify whether years, months or days) **0**
In this community **40 years**

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. **5202 BROOKWOOD ROAD**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **11**

3. (a) PRINT FULL NAME **HUBERT. HANENRRATT**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **none**

4. Sex **MALE** 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Evelyn D.**
6. (c) Age of husband or wife if alive **74** years
7. Birth date of deceased **July 10 1871**
(Month) (Day) (Year)

8. AGE:
Years **75** Months **5** Days **15**
If less than one day min.

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

10. Usual occupation **retired**

11. Industry or business **Trucking Contractor**

12. Name **H**

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

14. Maiden name **unknown**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Evelyn D. Hanenratt**
(b) Address **5202 Brookwood Road**

17. (a) BURIAL (b) Date thereof **DEC-28-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **FOREST HILL CEMETERY**

18. (a) Signature of funeral director **D. H. Newcomer**
(b) Address **1401 BRUSH CREEK BLDG.**

19. (a) 12-27-46 (b) **Geraldine Holman**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **DEC** day **25th**
year **1946** hour **8** minute **55 P. M.**
21. I hereby certify that I attended the deceased from
December 10, 1946, to Dec 25, 1946
that I last saw him alive on **Dec 24th, 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardio renal failure**
Duration **years**

Due to **Brain cyst - atherosclerosis**

Due to **left femoral arterial thrombosis Venous aneurysm left femoral vein**

Other conditions **96**
(Include pregnancy within 3 months of death)

Major findings: **Femoral arteritis + occlusion**
Of operations **—**

Of autopsy **as above**

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

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? **1**

While at work? (Specify type of place) (c) Means of injury **0**

23. Signature **P. J. Pittam M.D.** (M. D. or other) **1**
Address **800 Professional Bldg** Date signed **Dec 26 46**

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.....

Oscar Northey

Licensed Embalmer No. *1767*

P. O. Address *Kansas City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.