

Registration District No. 197

Primary Registration District No. 1002

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: General Hospital No. 1
(If not in hospital or institution, write street number or location) 23 days
(d) Length of stay: In hospital or institution 50 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Minnie Hescher

3. (b) If veteran, name war no 3. (c) Social Security No. 495-05-4105

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Henry Hescher 6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 30, 1878
(Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 25 If less than one day hr. min.

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

10. Usual occupation Fitter

11. Industry or business Shukert Fur Company

MOTHER FATHER { 12. Name Levi McMillin

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

14. Maiden name Ella Seales

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

16. (a) Informant Fred H. Walkenhorst

(b) Address 6030 Indiana, K. C., Mo.

17. (c) Burial (b) Date thereof 1-28-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Melody-McGilley-Eylar

(b) Address Kansas City, Mo.

19. (a) 1-28-47 (b) Shaldine 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. 3033 Indiana
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 25
year 1947 hour 11 minute 5 P. M.

21. I hereby certify that I attended the deceased from Jan. 2, 1947 to Jan. 25, 1947
that I last saw her alive on Jan. 25, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Renal failure due to ureteral obstruction

Due to

Due to

Other conditions 46 &
(Include pregnancy within 3 months of death)

Major findings: Cancer of rectum

Of operations

Of autopsy None

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?

(Specify type of place)

(c) Means of injury

23. Signature W. W. Hart (M. D. or other) 1-27-47

Address Med. Dir. Gen'l Hosp Date signed

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

MAR 26 1947

Berry

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

Oliver G. Heck

Licensed Embalmer No.

4063

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.