No. 2
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17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 13 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4794

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 806

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

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: Menorah Hospital (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 5 days (Specify whether In this community 50 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street No.: 1217 Linwood (If rural, give location) 8

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME: MRS. HATTIE DENNHOEFER

3. (b) If veteran, name war: xx

3. (c) Social Security No.: None

4. Sex: Fe

5. Color or race: Wh

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: John Dennhoefer

6. (c) Age of husband or wife if alive: xx years

7. Birth date of deceased: April (Month) 2 (Day) 1864 (Year)

8. AGE: Years 83 Months 10 Days 18 If less than one day hr. min.

9. Birthplace: Galesburg (City, town, or county) Ill. (State or foreign country)

10. Usual occupation: At Home

11. Industry or business:

FATHER
12. Name: Edward Maul
13. Birthplace: (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name: No Record
15. Birthplace: (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant: Frank E. Dennhoefer

(b) Address: 1217 Linwood

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 2-21-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Galesburg, Ill.

18. (a) Signature of funeral director: J W Wagner

(b) Address: Kansas City, Mo.

19. (a) 2-23-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20th year 1948 hour 8:00 minute A. M.

21. I hereby certify that I attended the deceased from Feb 10 1948 to Feb 20 1948; that I last saw her alive on Feb 19 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Traumatic hemorrhage of the brain. — Duration: 10 days

Due to: Trauma

2) Coronary heart disease

Due to: auricular fibrillation

Other conditions: Hypostatic bronchopneumonia (Include pregnancy within 3 months of death) 1860

Major findings: Of operations: 38

Of autopsy: confirmed above findings

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): accident

(b) Date of occurrence: Feb 10, 1948 122

(c) Where did injury occur? Kansas City (City or town) Jackson (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Lobby Commodore Hotel (Specify type of place)

While at work? No (e) Means of injury: Fell

23. Signature: Harry C. Hall (M. D. ~~or other~~) 0

Address: 206 Argyle Bldg. Date signed: Feb 4 1948

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Original
File 2713

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. Haunschild

Licensed Embalmer No. 4159

P. O. Address Kansas City M

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.