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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 17 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12618

State File No. _____
Registrar's No. 1448

Registration District No. 149

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: 2800 East 10th. Street Conv. Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Months
In this community 50 Years (Specify whether years, months or days)

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")
(d) Street No. 2604 East 40th. Street 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Henry Henel
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Carrie Henel
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased 11 25 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 4 7 hr. min.

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

10. Usual occupation Piano Tuner, Retired

11. Industry or business _____

MOTHER FATHER {
12. Name William Henel
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name No Record
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Lester G. Henel
(b) Address 4922 Euclid

17. (a) Burial (b) Date thereof 4-3-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director Mrs. C.L. Forster
(b) Address Kansas City, Missouri

19. (a) 4-2-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd, year 1948 hour 2 minute A. M.
21. I hereby certify that I attended the deceased from Feb '48 to March 20, 1948
that I last saw him alive on 3-20-48 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic debility due to old age & malnutrition. Terminal Bronchopneumonia.
Duration Several years > 9-2 days

Due to _____
Due to _____

Other conditions Chronic myocarditis due to arteriosclerosis
(Include pregnancy within 6 months of death)

Major findings: Of operations _____
Of autopsy _____ 107
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?

While at work? _____ (Specify type of place) (c) Means of injury _____
Signature L.P. Miller, M.D. (M. D. or other) 4/2/48
Address 730 Prof. Bldg., K.C. Mo. Date signed 4/2/48

Dr. L.E. Riller
Prof'l Bldg.
Vic 3434

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 *Robert A. Herrmann*

Licensed Embalmer No. *3700*

P. O. Address *J.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.