

FILED MAY 7 1948

Registration District No. 149

Primary Registration District No. 1002

WRITE PLAINLY—USE 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: Cornell Hotel
(If not in hospital or institution, write street number or location) No
(d) Length of stay: In hospital or institution No (Specify whether)
In this community 25 Yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. Cornell Hotel
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Dr. Paul William Hennings

3. (b) If veteran,

name war No

3. (c) Social Security

No. No

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased June (Month)

1868 (Day) (Year)

8. AGE:

Years 79 Months 9 Days 21 If less than one day hr. min.

9. Birthplace

Ill. (City, town, or county) (State or foreign country)

10. Usual occupation

Retired Physician

11. Industry or business

MOTHER FATHER

12. Name Unknown 9

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

14. Maiden name Unknown 9

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

16. (a) Informant Miss Upal Webb

(b) Address Cornell Hotel

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-48 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetary

18. (a) Signature of funeral director Stine & McClure

(b) Address Kansas City, Mo.

19. (a) 4-21-48 (Date received local registrar) (b) Theraldine Holme (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20 year 1948 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from April 3, 1948 to April 20, 1948 that I last saw him alive on April 20, 1948 and that death occurred on the day and hour stated above.

Immediate cause of death Uremia

Duration

Due to General Arteriosclerosis

Due to Chronic Nephritis

Other conditions No (Include pregnancy within 3 months of death)

Major findings: Of operations No 1310 Of autopsy No

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?

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

23. Signature Edward C. Kuhl (M. D. or other) Address 1040 Regyle Bldg Date signed April 14/48

10th District
City of Baltimore
1040

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.....

Max E. Meyer

Registered Apprentice No.....

working under my personal supervision.

Signed *J. Blair Sheppard*

Licensed Embalmer No. *4079*

P. O. Address *K. C. No*

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.