

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13009

State File No. ....

1493

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1005 Registrar's No. ....

|   |  |  |   |   |  |   |  |   |  |
|---|--|--|---|---|--|---|--|---|--|
| 1. PLACE OF DEATH   |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).                                |  |   |  |   |  |
| a. COUNTY<br><u>Jackson</u>   |  | b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kansas City</u> )  |   | c. LENGTH OF STAY (in this place)<br><u>5 years</u>   |  | a. STATE<br><u>Missouri</u> - b. COUNTY<br><u>Jackson</u>   |  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>3514 Paseo</u>  |  |  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Kansas City</u>                            |  |   |  |   |  |
| d. STREET ADDRESS<br><u>3514 Paseo</u>  |  |  |   | (If rural, give location)<br><u>3530</u>  |  |   |  |   |  |
| 3. NAME OF DECEASED   |  |  | 4. DATE OF DEATH  |   |  | 5. SEX  |  |   |  |
| a. (First)<br><u>Martha</u>   | b. (Middle)<br><u>M</u>                      | c. (Last)<br><u>Henritz</u>  | Month<br><u>Mar.</u>  | Day<br><u>29</u>  | Year<br><u>1950</u>  | 6. COLOR OR RACE<br><u>White</u>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Widowed</u> |   |  |
| 8. DATE OF BIRTH<br><u>Jan. 20, 1867</u>  | 9. AGE (in years last birthday)<br><u>83</u> | IF UNDER 1 YEAR<br>Months<br><u>0</u>  | IF UNDER 1 YEAR<br>Days<br><u>0</u>                           | IF UNDER 24 HRS.<br>Hours<br><u>0</u>   | IF UNDER 24 HRS.<br>Min.<br><u>0</u>                                     | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>At Home</u>                      |   |  |
| 11. BIRTHPLACE (State or foreign country)<br><u>Shelby Co. Ky. 1</u>  |  |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>US</u>                     |   |  | 13a. FATHER'S NAME<br><u>John R. Davis</u>  |  |   |  |
| 13b. MOTHER'S MAIDEN NAME<br><u>Elizabeth Godbey</u>  |  | 14. NAME OF HUSBAND OR WIFE<br><u>Joseph Henritz</u>                                     |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> |  |   |  |   |  |
| 16. SOCIAL SECURITY NO.<br><u>None</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Robt. E. Henritz</u>                             |   |   |  | ADDRESS<br><u>3514 Paseo</u>  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.                                     |  |  |   | MEDICAL CERTIFICATION   |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 days</u> |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Insufficiency</u>  |  |  |   | DUE TO (b)  |  |   |  | DUE TO (c)  |  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.   |  |  |   | DUE TO (b)  |  |   |  | DUE TO (c)  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |   | <u>Bronchial Asthma</u>   |  |   |  | <u>15 yrs</u>                                     |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>None</u>  |   |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                             |  |   |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) |   | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   |  | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)  |  |   |  |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR?   |   |   |  |   |  |   |  |
| 22. I hereby certify that: I attended the deceased from <u>Dec. 12, 1943</u> , to <u>March 29, 1950</u> , that I last saw the deceased alive on <u>March 23, 1950</u> , and that death occurred at <u>1:55 P.M.</u> , from the causes and on the date stated above. |  |  |   |   |  |   |  |   |  |
| 23a. SIGNATURE<br><u>Kenneth G. Davis, M.D.</u>   |  |  |   | 23b. ADDRESS<br><u>201 Plaza Theater Bldg. Kansas City, Mo.</u>   |  | 23c. DATE SIGNED<br><u>Mar. 30, 1950</u>  |  |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |  | 24b. DATE<br><u>4-1-50</u>   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Forest Hill Cem.</u> |   | 24d. LOCATION (City, town, or county) (State)<br><u>Kansas City, Mo.</u> |   |  |   |  |
| DATE REC'D BY LOCAL REG.<br><u>3-31-50</u>  |  | REGISTRAR'S SIGNATURE<br><u>Geraldine Holmes</u>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Gates Funeral Home,</u>  |  | ADDRESS<br><u>K. C. Kans.</u>   |  |   |  |

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

(Licensed Embalmer's Statement on Reverse Side)

Dr. Kenneth Lewis  
Plymouth Theatre

1030 to 11 A.M.

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Jimmy S. Wuckehorn*

Licensed Embalmer No. *4092*

P. O. Address

*Mission, Kans.*

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.