.S. No. 300
Rv. 10.48

THE DIVISION OF HEALTH OF MISSOURI

FILED JUL 1 1950

STANDARD CERTIFICATE OF DEATH

20456

State File No. 2664

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): 54 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1318 WEST-42ND STREET

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY 3648
d. STREET ADDRESS (If rural, give location): 1318 WEST-42ND STREET

3. NAME OF DECEASED (Type or Print)
a. (First): HELEN
b. (Middle): B.
c. (Last): SCHENCK

4. DATE OF DEATH (Month) (Day) (Year): JUNE-14-1950

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: JUNE-4-1869
9. AGE (In years last birthday): 81 YEARS — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME
10b. KIND OF BUSINESS OR INDUSTRY: ----
11. BIRTHPLACE (State or foreign country): ASTORIA, ILLINOIS
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: ABRAHAM BROWN
13b. MOTHER'S MAIDEN NAME: SUSANAH McCLELLAND
14. NAME OF HUSBAND OR WIFE: HARVEY M. SCHENCK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: MRS. ALBERT OREAR — ADDRESS: 5809 NEWTON ROAD MERRIAM, KANSAS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Fracture sh. femur — 3 wks.
DUE TO (c): Cerebral degeneration & sclerosis — years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
E 9030

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 123
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): at home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kansas City Jackson Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): about 5-24-50 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: fell on floor

22. *I hereby certify that I attended the deceased from* 4-15, 1950, *to* 6-14, 1950, *that I last saw the deceased alive on* 6-13-, 1950, *and that death occurred at* 7:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE Alvin Silvers (Degree or title): Alvin Silvers, M.D.
23b. ADDRESS: 1702 Sco. Blvd
23c. DATE SIGNED: 6/14/50

24a. BURIAL, CREMATION, REMOVAL (Specify): CREMATION
24b. DATE: JUNE-15-1950
24c. NAME OF CEMETERY OR CREMATORY: D.W. NEWCOMER'S SONS
24d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG.: 6-15-50
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: D.W. Newcomer's Sons — ADDRESS: 1331 BRUSH CREEK KANSAS CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

12-

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Edward M. Storey

Signed.....
Student Embalmer

Licensed Embalmer No. 4452

P. O. Address K. C. 4 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.