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FILED MAY 13 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14216

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2151

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): 27 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Menorah Medical Center

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 3758
d. STREET ADDRESS (If rural, give location): 1604 West 49th St.

3. NAME OF DECEASED (Type or Print)
a. (First): ~~Ella~~ ~~Lena~~ Lina
b. (Middle): Ella
c. (Last): Hanicke

4. DATE OF DEATH (Month) (Day) (Year): 4 - 22 - 53

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: 7-14-72
9. AGE (In years last birthday): 80 — 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: x x
11. BIRTHPLACE (City and State or Foreign Country): Dresden, Germany 4
12. CITIZEN OF WHAT COUNTRY: ~~U.S.~~ Germany

13a. FATHER'S NAME: Paul J. Hanicke
13b. MOTHER'S MAIDEN NAME: Frederiche C. Eiermann
14. NAME OF HUSBAND OR WIFE: Felix Hanicke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): x x
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Werner L. Hanicke, 1604 W. 49th St

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): Fracture of hip

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): II Multiple myeloma
DUE TO (c): II Carcinoma of rectum

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

INTERVAL BETWEEN ONSET AND DEATH: E 905 DH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 123
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kansas City Jackson, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 3-31-53 m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: fall on basement floor

22. *I hereby certify that I attended the deceased from* 3-31, 1953, *to* 4-22, 1953, *that I last saw the deceased alive on* 4-22, 1953, *and that death occurred at* 3 45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harold Unger, M.D. MD. 0
23b. ADDRESS: 507 Bryant Bldg.
23c. DATE SIGNED: April 22 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-24-53
24c. NAME OF CEMETERY OR CREMATORY: Forest Hill
24d. LOCATION (City, town, or county) (State): Kansas City Mo

DATE REC'D BY LOCAL REG: 4-23-53
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: J. W. Wagner. K C Mo

(Licensed Embalmer's Statement on Reverse Side)

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

nr 0368

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 Alvin R. Haunschild

Licensed Embalmer No. 4159

P. O. Address Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

State of Missouri } ss.
County of Jackson

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 14216-53
Local Registrar's No. 2151

On this 6th day of May, 1953, before me appears Werner L. Hanicke, who, upon his oath, states that the original record of ~~birth~~ death for Lena Ella Hanicke, ~~born~~ died April 22, 1953, in the State of Missouri, and which was filed at Kansas City on 4-23, 1953 should be corrected as follows:

Item No. 3a should read Lina-~~Ella~~
Instead of Lena

Item No. 12 should read Germany
Instead of U. S. A.

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Verner Hanicke, Son
Relationship.

1604 West 49 Sts. K.C. 12 Mo.
Present Address.

Subscribed and sworn to before me this 6th day of May, 1953

My Commission expires August 24, 1956 Bessie W. Smith Notary Public.