

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

2673

No. 300
10. 48

FILED JUL 12 1954

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 002 Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas		b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. LENGTH OF STAY (In this place) 2 Weeks		e. STREET ADDRESS (If rural, give location) 1315 Rowland Avenue			
d. FULL NAME OF HOSPITAL OR INSTITUTION: 812 Benton Blvd. Conv. Home					
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) H.		c. (Last) Hollender	
4. DATE OF DEATH (Month) (Day) (Year) June 12 1954					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 5, 1879	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months IF UNDER 1 HR. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 1939 Machinist		10b. KIND OF BUSINESS OR INDUSTRY N. Y. Central R. R.		11. BIRTHPLACE (City and State or Foreign Country) Neshkoro, Wisconsin	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME William Hollender		13b. MOTHER'S MAIDEN NAME Ottile Wisner		14. NAME OF HUSBAND OR WIFE Florence E. Hollender	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 714-03-1068		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Florence Hollender, Kansas City, Kas.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Encephalomalacia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arterio sclerosis DUE TO (c) General arterio sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 1 week unknown unknown 332X
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? 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>June 4, 1954</u> , to <u>June 12, 1954</u> , that I last saw the deceased alive on <u>June 12, 1954</u> , and that death occurred at <u>7:00P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) W. H. Algie M.D.		23b. ADDRESS Kansas City, Kansas		23c. DATE SIGNED 6/14/1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6/14/1954		24c. NAME OF CEMETERY OR CREMATORY Sleepy Hollow Cemetery	
24d. LOCATION (City, town, or county) (State) Chicago, Illinois					
DATE REC'D BY LOCAL REG. 6-14-54		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Joe. A. Butler's Sons, Kansas City, Kansas	

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.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No... 3426 M

P. O. Address Kansas City, K

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.