

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

746

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Sedgwick</u>			
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>5 mos.</u>		c. CITY OR TOWN <u>Wichita</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u>				STREET ADDRESS (If rural, give location) <u>Unknown</u> <u>8150g</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>HARRY</u>		b. (Middle) <u>M.</u>		c. (Last) <u>AHRENS</u>	
4. DATE OF DEATH		(Month) <u>Feb.</u>		(Day) <u>18,</u>		(Year) <u>1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 26, 1904</u>		9. AGE (In years last birthday) <u>50</u>	
IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Make up man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>K.C. Star</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Oklahoma City, Okla.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John M. Ahrens</u>		13b. MOTHER'S MAIDEN NAME <u>Edna Helm</u>		14. NAME OF HUSBAND OR WIFE <u>Alberta Ahrens</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>526-10-3978</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>D.P. Ahrens, Oklahoma City, Oklahoma</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured skull Subdural & Subarachnoid Hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>89 2/3 47</u>	
		II. OTHER SIGNIFICANT CONDITIONS <u>Multiple Contusions Forehead</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident?</u>		21b. PLACE OF INJURY (In or about the home, farm, factory, street, or other bldg., etc.) <u>at home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) <u>2-17-55</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Unknown</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Hugh H. Owens</u> (Degree or title) <u>Owner</u>				23b. ADDRESS <u>1034 Piatto Bldg</u>		23c. DATE SIGNED <u>2-18-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2-18-55</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Oklahoma City, Oklahoma</u>	
DATE REC'D BY LOCAL REG. <u>2-18-55</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE & MC CLURE UND. CO. K.C.MO.</u>			

FILED MAR 15 1955

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..... *J. H. Crowell*

Licensed Embalmer No..... *49*

P. O. Address .. *J. H. Crowell*

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.