

Health,
& Welfare
Public
Service

S. 300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Hugh H. Owens

FILED MAY 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17101
STATE FILE NUMBER 2035

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2035

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5805 BROOKLYN			Length of stay in lb LIFE	d. STREET ADDRESS 5805 BROOKLYN			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) JUDITH ANNE HANENKRATT				4. DATE OF DEATH Month Day Year APRIL 28 1957			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH JAN-24-1946		9. AGE (In years last birthday) 11 IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHILD-FITTING			10b. KIND OF BUSINESS OR INDUSTRY STUDENT SCHOOL	11. BIRTHPLACE (City and state or country) KANSAS CITY, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME WILLIAM H. HANENKRATT			13b. MOTHER'S MAIDEN NAME BERTHA L. TODD		14. NAME OF HUSBAND OR WIFE —		
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. NONE	17. INFORMANT Address 5805 BROOKLYN WILLIAM H. HANENKRATT KAN. CITY, MO				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushed skull numerous fractures Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Fractures DUE TO (c) — PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Part Refused							INTERVAL BETWEEN ONSET AND DEATH 8 1/2 1/2 5
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) One car struck child					
20c. TIME OF INJURY Hour Month, Day, Year a.m. 4 28 57 p.m.		20d. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) Street		20e. CITY, TOWN, OR LOCATION COUNTY STATE Kansas City Jackson MO			
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Hugh H. Owens Coroner				22b. ADDRESS 1034 Rialto Blvd		22c. DATE SIGNED 4-28-57	
23a. BURIAL CREMATION, REMOVAL (Specify) BURIAL	23b. DATE APRIL-30-1957	23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEM		23d. LOCATION (City, town, or county) (State) KANSAS CITY MO.			
24. FUNERAL DIRECTOR D.W. DeRosier Sons			ADDRESS 1331 Bay St Kansas City, MO.	25. DATE RECD. BY LOCAL REG. 4-30-57		26. REGISTRAR'S SIGNATURE Neva Marshall	

(Licensed Embalmer's Statement on Reverse Side)



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 *Paul S. Williamson*

Licensed Embalmer No. *5009*
P. O. Address *Overland Park, Kansas*

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.