

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 3336

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2741 Indiana
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 50 years
years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2741 Indiana
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 5th
year 1941 hour 10 minute 00 A. M.
21. I hereby certify that I attended the deceased from
to
that I last saw him alive on
and that death occurred on the date and hour stated above.

Immediate cause of death
Death Pulmonary Edema
Duration

Due to Chronic Hypertensive Heart Disease
Due to Coronary Arteriosclerosis

Other conditions
(Include pregnancy within 3 months of death)
None
Major findings:
Of operations
Of autopsy None
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury
23. Signature [Signature] (M. D. or other)
Address [Address] Date signed

3. (a) PRINT FULL NAME Henry Block

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Hulda Block 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Oct. 24 1862
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 11 If less than one day
hr. min.

9. Birthplace Bremen Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Care Taker

11. Industry or business Kansas City Social Turn Verein

12. Name Cord Block

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hulda Block

(b) Address 2741 Indiana

17. (a) Burial (b) Date thereof 9-6-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director John W. Wagner

(b) Address Kansas City, Missouri

19. (a) 9/6/41 (b) M. M. Cronin
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

A. R. Hainschild

Licensed Embalmer No.....

N.C. 4159

P. O. Address.....

N.C. 740

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.