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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34090**
4030
Registrar's No. _____

Registration District No. **399**

Primary Registration District No. **1002**

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

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: Mercy Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 3 months 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **048**

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 1660 Madison Street
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry John Prins

3. (b) If veteran, _____ **3. (c) Social Security** _____
name war _____ No. _____

4. Sex Male **5. Color or race** White

6. (a) Single, widowed, married, _____
divorced 0

6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if** _____
alive _____ years

7. Birth date of deceased July 26 1941
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
	<u>3</u>	<u>2</u>	_____ hr. _____ min.

9. Birthplace Kansas City, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

MOTHER FATHER

12. Name John Henry Prins

13. Birthplace Iowa 1
(City, town, or county) (State or foreign country)

14. Maiden name Pauline Vivian Shaw

15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant John H. Prins
(b) Address 1660 Madison St. K.C. Mo.

17. (a) Burial **(b) Date thereof** 10 29 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Weilert Funeral Home
(b) Address 2032 Monitor Plaza; K. J. Mo.

19. (a) 10/29/41 **(b)** Dr. M. M. Crown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28
year 1941 hour 1 minute 0 M.

21. I hereby certify that I attended the deceased from Oct 27
1941 to Oct 28 1941

that I last saw him alive on Oct 28 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Gastroenteritis
terminal
pneumonia

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death) 119a

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy same

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 W.S. Soderberg (M. D. or other) 0
Address 1316 Briar Ridge **Date signed** Oct 28 - 41

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

Blaine E. Weichert

Licensed Embalmer No.

4075

P. O. Address

2332 Moritz Pl

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.