

S. No. 2
M-5-42
7. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36211

State File No.

FILED NOV 19 1942/49
Registration District No.

Primary Registration District No. 1002

Registrar's No. 4048

1. PLACE OF DEATH: JACKSON
(a) County JACKSON
(b) City or town KANSAS CITY
(c) Name of hospital or institution: 1710 E. 8th
(d) Length of stay: In hospital or institution 40 Years
In this community 40 Years

2. USUAL RESIDENCE OF DECEASED: MISSOURI JACKSON
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(d) Street No. 1710 E. 8th St.
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME HARVEY RALPH GENSLER
(b) If veteran, name war No
(c) Social Security No. None

20. DATE OF DEATH: Month 10 day 31
year 42 hour 10:45 minute M.

4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced Single
(b) Name of husband or wife
(c) Age of husband or wife if alive

21. I hereby certify that I attended the deceased from
that I last saw him alive on
and that death occurred on the date and hour stated above.

7. Birth date of deceased Jan. 11, 1899
8. AGE: Years 43 Months 8 Days 17 hr.

Immediate cause of death: Death by Natural Causes
Due to: (Examination performed in person under protest)

9. Birthplace Dayton, Mo.
10. Usual occupation LABORER retired 5 yrs
11. Industry or business C. M. and St. P. R. R.

Other: Infected decedent's relatives
Major findings: 153'2
Of operations
Of autopsy

MOTHER FATHER {
12. Name William S. Gensler
13. Birthplace Springfield, Ill.
14. Maiden name Alice Page
15. Birthplace Ohio

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant Hiram Gensler
(b) Address 1710 E. 8th
17. (a) Removal (b) Date thereof Nov. 2, 1942
(c) Place: burial or cremation Dayton, Mo.

23. Signature: [Signature] (M. D. or other)
Address: [Address] Date signed: [Date]

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.
(b) Address Kansas City, Mo.
19. (a) 11-2-42 (b) M. M. Brown (Registrar's signature)

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

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. H. Blackmer

Licensed Embalmer No.

2244

P. O. Address.....

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.