

FILED AUG 31 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27334

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 307

1. PLACE OF DEATH a. COUNTY <b>Jackson</b> <i>Rural, Blue</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b> <i>3468</i>	
c. LENGTH OF STAY (in this place) <b>46 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>3715 Madison</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Crawford's Convales. Home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>FRANCES</b>		b. (Middle) <b>J.</b>		c. (Last) <b>DENHARD</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 19, 1951</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>March 14, 1856</b>		9. AGE (In years last birthday) <b>95</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Indiana</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>?</b>		13b. MOTHER'S MAIDEN NAME <b>?</b>		14. NAME OF HUSBAND OR WIFE <b>Louis Denhard, dec.</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Wm. R. Henry, 3715 Madison, KC, Mo.</b>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Senility</b>				INTERVAL BETWEEN ONSET AND DEATH <b>6 Mo</b>	
ANTECEDENT CAUSES		DUE TO (b) <b>Malnutrition</b>				DUE TO (c) <b>Fall on floor &amp; fractured both ribs</b>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				DUE TO (c) <b>19 day home</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>None</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from **Aug 7, 1951**, to **Aug 19, 1951**, that I last saw the deceased alive on **Aug 12, 1951**, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <i>Wm. R. Henry</i> (Degree or title)		23b. ADDRESS <b>Raytown Mo 64085</b>		23c. DATE SIGNED <b>8-20-51</b>	
24a. BURIAL, CREMATION, REBURIAL (Specify) <b>Burial</b>		24b. DATE <b>8/21/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill</b>	
24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>					

DATE REC'D BY LOCAL REG. <b>Aug. 21-1951</b>		REGISTRAR'S SIGNATURE <i>[Signature]</i> <b>354</b>		24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STINE &amp; McCLURE, Kansas City, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Frances H. ...  
Boyer ...

Fl. 1192

2:30 - 5:00

AUG 3 9:25AM

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

working under my personal supervision.

Student Embalmer No. ....

Signed *S. J. Allen*

Signed .....  
Student Embalmer

Licensed Embalmer No. 1415

P. O. Address *19 E. 7th*

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.