N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 23 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

10901

399

1. PLACE OF DEATH

County Jackson — Registration District No. 1002 — File No.

Township Kaw — Primary Registration District No. — Registered No. [illegible]

City Kansas City (No. 1111 Brush Creek St. 1000 Ward)

2. FULL NAME Edmund Morris Hansell

(a) Residence, No. 1111 Brush Creek Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs Josephine Hansell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mch-31 1855

7. AGE: Years 80 — Months 11 — Days 20 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Wilson Packing Co

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): 3 yrs

11. Total time (years) spent in this occupation: 35 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Philadelphia Penn

FATHER

13. NAME: Edmund M Hansell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn

MOTHER

15. MAIDEN NAME: Katherine Jardon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs Josephine Hansell 1111 Brush Creek

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Pk DATE Mch-24 1936

19. UNDERTAKER (ADDRESS): O W Mewcomers Sons Kansas City Mo

20. FILED 3-23 1936 M. M. Crowe, [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mch - 21 1936

22. I HEREBY CERTIFY, That I attended deceased from Sep 21 1935, to Mar 21 1936

I last saw him alive on Mar 20 1936 Death is said to have occurred on the date stated above, at 6:15 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Prostate. 51

Date of onset

Other contributory causes of importance: Bladder neck obstruction

Name of operation none Date of no

What test confirmed diagnosis? symptoms Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 19 no

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no

(Signed) J F Mackey M. D.

(Address) [illegible]

530 Professional Bldg

10 30 am to 5 pm