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.

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

JAN 19 1937

Do not use this space.

44661

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399
Township: Kaw — Primary Registration District No.: 1002
City: Kansas City (No. 3621 Prospect St. Ward)

File No.
Registered No.

2. FULL NAME: Ole P. Hanson
(a) Residence, No. 3621 Prospect St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ella C Hanson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 2 1856

7. AGE: Years 80 — Months 7 — Days 0 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shoe Maker
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):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Denmark

FATHER
13. NAME: Hans Peterson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Denmark

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs Grace Lovell, 3621 Prospect

18. BURIAL, CREMATION, OR REMOVAL
PLACE: ~~Parsons Kansas~~ DATE: Dec 4 36

19. UNDERTAKER (ADDRESS): Eylar Funeral Home, Kansas City Mo.

20. FILED: Dec 3, 1936 — M. M. Osborne, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-29-, 1936, to 12-2-, 1936
I last saw him alive on 12-2-, 1936. Death is said to have occurred on the date stated above, at 4.15P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
	11-29-36

Other contributory causes of importance:
Chronic myocarditis

Name of operation: — Date of: —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) L. H. Wyatt, M. D.
(Address) 3850 Prospect