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

NOV 18 1937

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 36645
Township Kaw — Primary Registration District No. 1002 — Registered No. 4074
City Kansas City (No. St. Josephs Hospital St. Ward)

2. FULL NAME Anthony E. Hansan
(a) Residence, No. 3217 Wayne St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Dorothy Hansan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 11, 1898

7. AGE: YEARS 39 — MONTHS 1 — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Detective
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: K C, Mo Police Dept
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): St. Marys, Kansas

FATHER
13. NAME: Henry Hansan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Mich. Herman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs. Dorothy M. Hansan, 3217 Wayne

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 10/13/37 19

19. UNDERTAKER (ADDRESS): Quirk & Tobin Co., 20 W. Linwood

20. FILED Oct 11, 1937 M. M. Grover, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-11-37, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....
I last saw ... alive on ....., 19.... Death is said to have occurred on the date stated above, at 4:05 A.m.
The principal cause of death and related causes of importance were as follows:

2nd & 3rd Degree Burn of Chest.
Inoperable of Smoke
(House did not Burn)

Date of onset

Other contributory causes of importance:
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Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10-9-37, 19
Where did injury occur? Home - 3217 Wayne K C Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home - House did not burn
Manner of injury Davenport Caught fire -
Nature of injury Burn of Chest

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Russell W Bern 4, M. D.
(Address) K Cmo