

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 539

20813
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson Registration District No. 1002
(b) Township Kaw City Primary Registration District No. _____ Registered No. 2763
(c) City Kansas City (d) Street No. Trinity Lutheran Hosp St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ida May Hanan 550
(a) Residence, No. Homing Okla St. Homing Okla
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe
4. COLOR OR RACE Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced (write the word)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 3 - 1880
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 4 9
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as 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) Kansas

FATHER 13. NAME Carl F. Schultz

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) J. V. Hanan Pawhuska Okla

18. BURIAL, CREMATION, OR REMOVAL PLACE Homing Okla DATE June 3, 1938

19. FUNERAL DIRECTOR (ADDRESS) W. Newcomer Jones Paseo + Brush Creek

20. FILED 6-3 1938 M. M. Crowe, Cash Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3, 1938
22. I HEREBY CERTIFY, that I attended deceased from April 26, 1938, to June 3, 1938
I last saw her alive on June 9, 1938. Death is said to have occurred on the date stated above, at 4:20 P.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver, primary
Date of onset not known
But Early malignancy
46
Other contributory causes of importance:
myocarditis
post-operative shock June 3, 1938

Name of operation Lap Date of June 3, 1938
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) J. J. Harnsworth, M. D.
(Address) 1730 prof Bldg H.C. Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

50M 20-37 I X12004

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.

STATEMENT BY LICENSED EMBALMER

I George M. Collier....., Licensed Embalmer No. 3839

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed George M. Collier

Licensed Embalmer No. 3839

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.)