

REC'D SEP 13 1938

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

28119  
 Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 3430  
 (c) City Kansas City, Mo. (d) Street No. Conley Clinical Hospital 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 Harry L. Hanna

(a) Residence, No. 111 S. Kensington St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>M</b>	4. COLOR OR RACE <b>W</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Maud B. Hanna</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Nov. 23, 1881</b>		
7. AGE YEARS <b>56</b>	MONTHS <b>9</b>	DAYS <b>6</b>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>Insurance Broker</b>		If LESS than 1 day, ..... hrs. or ..... min.
9. Industry or business in which work was done, as saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		

12. BIRTHPLACE (CITY OR TOWN) Arkansas  
(STATE OR COUNTRY)13. NAME Frank P. Hanna14. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)15. MAIDEN NAME Rosa Bateman16. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)17. INFORMANT Everett Hanna  
(ADDRESS) Oak Park, Ill18. BURIAL, CREMATION, OR REMOVAL  
PLACE Lawrence, Ks. DATE Sept. 1, 193819. FUNERAL DIRECTOR (NAME) C.H. Blackman & Son, Inc  
(ADDRESS) 2825 Indep. Blvd. K.C. Mo.20. FILED Aug 31, 1938 M M Tenover  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 29, 193822. I HEREBY CERTIFY, That I attended deceased from  
....., 19....., to Aug. 29, 1938

I last saw him alive on ..... Death is said

to have occurred on the date stated above, at 7:45 m. **PM**

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

*cerebral thrombosis with left sided hemiplegia*  
*106*  
 Other contributory causes of importance: *myocarditis Chv*  
*to Solar pneumonia*

Name of operation..... Date of.....

What test confirmed diagnosis? clinical Was there an autopsy? no23. 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) M. M. Tenover M. D.(Address) 2105 Independence

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.

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**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 .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**