

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

29111
Do not use this space.

REC'D SEP 20 1938

1. PLACE OF DEATH

(a) County Jackson Registration District No. 403
 (b) Township Brookings Primary Registration District No. 5557 Registered No. _____
 (c) City Raytown Mo Street No. _____
 (d) Length of residence in city or town where death occurred yrs. 0 mos. 6 ds. (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Martha Hansen 525
 (a) Residence, No. NON-RESIDENCE Raytown Mo St. KANSAS CITY MO
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX fa 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid
 6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Hansen
 7. AGE YEARS 91 MONTHS 3 DAYS 22 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30 1938
 22. I HEREBY CERTIFY That I attended deceased from Jan 1937 to 7-30 1938
 I last saw him alive on 7-30 1938. Death is said to have occurred on the date stated above, at 11 P.M.
 The principal cause of death and related causes of importance were as follows:

myocarditis Date of onset 1920
97C
 Other contributory causes of importance:
Arterial Sclerosis 1920
Essential hypertension 1900
hemorrhage of brain 1925

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norway
 13. NAME Carl Anderson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norway
 15. MAIDEN NAME unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norway
 17. INFORMANT (ADDRESS) John Hansen Raytown Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Edenwood K. C. Mo DATE Aug-2-1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs. E. J. Foster 111 K. C. Mo
 20. FILED 7-31 1938 W. L. Conbank Local Registrar.

Name of operation none Date of _____
 What test confirmed diagnosis? CLINICAL SIGNS Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No 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) Thos. C. McHale, M. D.
 (Address) 909 Waldheim Bldg K.C. Mo

Be 0784

10 to 12: am
No 52220
for

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.