

REC'D MAY 1 0 1939

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

R. H.
13904
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Paris Primary Registration District No. 1002 Registered No. 1658
(c) City Manassas City (d) Street No. 4220 - E - 56 St 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

525 Marcus H Hansen
(a) Residence, No. 4220 - E - 56 St 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 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 Julia Hansen
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-5-1870
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 6 13
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Iron
9. Industry or business in which work was done, as saw mill, bank, etc. Molder
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) NorwayFATHER 13. NAME Jacob Hansen14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NorwayMOTHER 15. MAIDEN NAME No Record16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norway17. INFORMANT (ADDRESS) Mrs Julia Hansen
4220 - E - 56 St18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE Apr 20, 193919. FUNERAL DIRECTOR (NAME) Mr. C. L. Foster
(ADDRESS) 918 Brooklyn Blvd. Mo20. FILED Apr 20 1939 M. H. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April-18, 1939

22. I HEREBY CERTIFY, that I attended deceased from

I last saw him/her alive on April 18, 1939, to April 18, 1939.I last saw her/him alive on April 18, 1939. Death is said to have occurred on the date stated above, at 5:11 a m.

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

Coronary Sclerosis
Chronic Fibrous myocarditis
Acute Pulmonary Edema
Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 1939

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?

If so, specify

(Signed) Russell W. Jensen, M. D.(Address) St. Louis

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.