

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.

REC'D SEP 6 1939

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

28390
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399

(b) Township 1 Primary Registration District No. 1002

(c) City K. C. Mo. (d) Street No. Nora Clark Home Registered No. 3392

(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 18 yrs. 11 mos. 5 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 550 ULYSSES S. HANNUM

(a) Residence, No. 814 Beacon ave 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frances J. Hannum

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 11, 1967

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	72	9	17	

OCCUPATION

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. Telephone Co.

10. Date deceased last worked at this occupation (month and year) July 7, 1937

11. Total time (years) spent in this occupation

FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pontiac Ill.

13. NAME Ulysses S. Hannum

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pontiac Ill.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paul Stungley

17. INFORMANT (ADDRESS) 814 Beacon ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Ottawa Kan DATE Aug 30, 1939

19. FUNERAL DIRECTOR (ADDRESS) Simmons & Sons K. C. Mo.

20. FILED 7/29 1939 M. M. Browne Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 28 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1939, to Aug. 28, 1939.

I last saw him alive on Aug. 28, 1939. Death is said to have occurred on the date stated above, at 1 m.

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

Cerebral Haemorrhage

82a

Date of onset

Other contributory causes of importance: None

Name of operation None 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 _____, 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) Paul G. Stungley M. D.

(Address) 5400 Independence Ave.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

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

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)