

SEP 12 1939

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28819

State File No.

Registrar's No.

Registration District No. 135

Primary Registration District No. 5190

105

1. PLACE OF DEATH:

(a) County Carroll
 (b) City or town RURAL - (MOSS CREEK)
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days3. (a) PRINT FULL NAME ⁵²⁴ SOPHIA DOROTHEA KASE HANSEL

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Wm H. Hansel 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased July 25 1886
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
53 1 2 hr. min.9. Birthplace Joliet Ill.
(City, town, or county) (State or foreign country)10. Usual occupation Home Wif.

11. Industry or business _____

MOTHER FATHER
12. Name Henry F. Kase
13. Birthplace Indiana
(City, town, or county) (State or foreign country)14. Maiden name May Pfaff
15. Birthplace Joliet Ill.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Wm H. Hansel(b) Address Carrollton Mo.17. (a) Burial (b) Date thereof Aug 29 1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Oak Hill18. (a) Signature of funeral director Willis Marshall(b) Address Carrollton Mo.19. (a) 8-29-39 (b) Wm H. Hansel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll(c) City or town RURAL
(If outside city or town limits, write "RURAL")(d) Street No. Moss Creek Trp.
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 27th
year 1939 hour 10 minute 10 A.M.21. I hereby certify that I attended the deceased from 3-9-39
1939, to 8-27 1939.that I last saw her alive on Aug. 27th 1939,
and that death occurred on the date and hour stated above.Immediate cause of death Carcinoma of Breast
Duration about 2 yrs.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature W. G. Atwood (M. D. or other) _____
Address Carrollton Mo Date signed 8/29-39

RECEIVED
Health Officer No. 8
6/18/39

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

Signed R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Camden, Mo

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.