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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 5624

Registration District No. FILED MAR 29 1940

Primary Registration District No. 1002

Registrar's No. 849

**1. PLACE OF DEATH:**

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 112 E Winthrope Rd. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community 35 yrs. 7.571

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits write "RURAL")

(d) Street No. 112 E. Winthrope Rd.
(If rural, give location)

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

3. (a) PRINT FULL NAME Birdie Hakan

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Fe

5. Color or race Wh

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Albert J. Hakan

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Dec. (Month) 31 (Day) 1900 (Year)

8. AGE: Years 39 Months 1 Days 28 If less than one day ____ hr. ____ min.

9. Birthplace St. Louis (City, town, or county) — (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER

12. Name Arthur Michelson

13. Birthplace Russia (City, town, or county) (State or foreign country)

14. Maiden name Minnie Hermer

15. Birthplace Russia (City, town, or county) (State or foreign country)

16. (a) Informant Albert J. Hakan

(b) Address 112 E Winthrope Rd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-25-40 (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Cem.

18. (a) Signature of funeral director J. P. Louis Funeral Home

(b) Address Kansas City

19. (a) 2-25-40 (Date received local registrar) (b) M. M. Crouse (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb day 23 year 1940 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from ____, 19__, to Feb. 23, 1940; that I last saw h__ alive on Feb. 23, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Left Ventricular failure with Pulmonary Edema — Duration Few min.

Due to Angina pectoris — Duration Extreme

Due to nervous state & climacteric — Duration 2 yr.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature A. W. Davis M.D. (M. D. or other)

Address 402 Winthrop Bldg Date signed 2-24-40

(Licensed Embalmer's Statement on Reverse Side)

## 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 Myself, Registered Apprentice No. _____ working under my personal supervision.

Signed Bert Logan

Licensed Embalmer No. 3979

P. O. Address Kansas City, M

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**