

FILED APR 22 1940

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **1164**

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

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Jackson
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4634 Forest
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7
(Specify whether
 In this community 7
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 4634 Forest
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Peter R. Hahn 580

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race M 6. (a) Single, widowed, married, divorced wid
 6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years aprox 81 Months X Days X If less than one day hr. _____ min. _____

9. Birthplace Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Nursing Business

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Jenna Peth

(b) Address St. Joseph Hospital

17. (a) Burial (b) Date thereof 3-14-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director H. Tigerman & Son

(b) Address K. C. No

19. (a) 3-14-40 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day 3-12-40
 year _____ hour _____ minute _____ M.

21. I hereby certify that Caused the deceased from 5-75 A.M.
 to _____ 19____;

the _____ saw him _____ die on _____ 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Acute pulmonary congestion
Chronic myocardial infarction
 Due to atherosclerotic aneurysm
Coronary occlusion

Duration

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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)

Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ Means of injury _____

23. Signature Peter R. Hahn (M. D. or other) _____

Address K. C. No Date signed _____

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.....

Francis Walton

Registered Apprentice No. *2744*

working under my personal supervision.

Francis Walton

Signed

By J. A. Rejman

Licensed Embalmer No. *2744*

P. O. Address *A. C. 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.