

Registration District No. **399** Primary Registration District No. **1002** Registrar's No. **3059**

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

1. PLACE OF DEATH:
 (a) County **Jackson.**
 (b) City or town **Kansas City, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution **Research Hospital, K.C. Mo.**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community **25**
years, months or days

3. (a) PRINT FULL NAME **Elmer J. Hansen, 525**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

4. Sex **Male** **5. Color or race** **White**
6. (a) Single, widowed, married, divorced. **Widowed**
6. (b) Name of husband or wife. **Lolita Hansen,**
6. (c) Age of husband or wife if alive **----- years.**
7. Birth date of deceased **Born Chicago Nov. 22nd, 1871.**
(Month) (Day) (Year)

8. AGE: Years **68** Months **8** Days **8** If less than one day
 .hr. .min.

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

10. Usual occupation **Social Worker, Helping Hand Inst**

11. Industry or business ----- **9**

MOTHER FATHER
12. Name **Herman Hansen**
13. Birthplace **No Record**
(City, town, or county) (State or foreign country)
14. Maiden name **Anna Olsen**
(City, town, or county) (State or foreign country)
15. Birthplace **Wisconsin**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. W. C. Glenn,**
(b) Address **3017 So. Cryslet, Indp. M.**

17. (a) Burial **(b) Date thereof Aug. 1st, 40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Shawnee, K.C.Ks.**

18. (a) Signature of funeral director **Mrs. C. L. Forster**
(b) Address **918 Brooklyn Avenue, K.C. Mo.**

19. (a) July 31, 1940 (b) M. M. Craun
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Kansas** (b) County **Jackson**
 (c) City or town **South Park, Kansas.**
(If outside city or town limits, write "RURAL")
 (d) Street No. **South Park, Kansas.**
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **30th,**
 year **1940** hour _____ minute _____ P.M.

21. I hereby certify that I attended the deceased from **Dec 5**
1939, to July 30, 1940
 that I last saw him alive on **July 30, 1940**
 and that death occurred on the date and hour stated above.

Immediate cause of death **coma (diabetic) 1 day**
 Due to **diabetes mellitus** **2**
 Due to **59**

Duration

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy **diabetes mellitus**

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) (c) Means of injury
23. Signature **Hubert Valentine M.D.**
(M. D. or other)
 Address **1124 Profemin St. City** Date signed **7/31/40**

Dr. H. S. Valentine,
5840 Grand Ave.,
Hi: 5849
Off. 1124 Prof. Bldg.
Via 1938.

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 C. H. Wise
Licensed Embalmer No. 2570
P. O. Address Keams

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, fact should be so stated above.