

No. 2
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5-17-39
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FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1481

State File No.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 441

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 K.C. General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Three days
(Specify whether years, months or days)

In this community 58 years

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. 3709 Garner
(If rural, give location)

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

3. (a) PRINT FULL NAME Hansen, Mildred

3. (b) If veteran, name war No

3. (c) Social Security No 487-09-611

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 28th
year 1941 hour 6 minute 45 A. M.

21. I hereby certify that I attended the deceased from 1-25-41, 19... to 1-28-41, 19...
that I last saw her alive on 1-28-41, 19...
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Mr. Charles Hansen

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

7. Birth date of deceased: December 25 1887
(Month) (Day) (Year)

Immediate cause of death Acute pulmonary edema

Due to Aortic and mitral stenosis

Due to Rheumatic Heart disease

Other conditions g.d. 4
(Include pregnancy within 5 months of death)

8. AGE: Years 53 Months 1 Days 3 If less than one day hr. --- min. ---

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

10. Usual occupation Tent and Awning Maker

11. Industry or business Baker-Lockwood Mfg. Co. Inc.

MOTHER FATHER

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 Mrs. Alberta Noe

(b) Address Falls Church, Virginia

17. (a) Cremation (b) Date thereof Jan. 30, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D. W. Newcomer's Sons

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) Jan 30, 1941 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: See above
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)

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

While at work? _____ (Specify type of place)

Means of injury ---

23. Signature Amey R. Thow (M. D. or other) _____
Address Med. Dir. K.C. Gen. Hospital, K.C. Mo.

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

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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.....

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

Signed C. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address. J. C. Moore

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.