

FILED FEB 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1232

State File No.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 357

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 8 days
about 15 years (Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Mary Hanley

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

4. Sex Female 5. Color White 6. (a) Single, widowed, married, Widow
race 2 divorced 2
6. (b) Name of husband or wife: John R. Hanley 6. (c) Age of husband or wife if
alive years
7. Birth date of deceased: Dont know (Month) (Day) (Year)

8. AGE: Years About 75 Months 1 Days United States If less than one day
hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name Dont know
13. Birthplace Dont know (City, town, or county) (State or foreign country)
14. Maiden name Dont know
15. Birthplace 9 (City, town, or county) (State or foreign country)

16. (a) Informant No relative available

(b) Address Burial
17. (a) Burial (b) Date thereof 1-31-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation J

18. (a) Signature of funeral director J. P. O'DONNELL CO
(b) Address 3456 Broadway K.C. MO.

19. (a) 1-26-42 (b) M. P. Chow
(Date received local registrar) (Registrar's signature)

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. 121 E. Missouri Avenue
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24th
year 1942 hour 7 minute 50 P. M.

21. I hereby certify that I attended the deceased from 1-16-42 to 1-24-42, 19..
that I last saw him alive on 1-24-42, 19..
and that death occurred on the date and hour stated above.

Immediate cause of death: Impacted fracture neck of left humerus
and Bronchopneumonia

Due to 186
Due to 18

Other conditions 18
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

Duration

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) 123
(b) Date of occurrence No definite history as to date
(c) Where did injury occur? At Home (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 Mary R. Hanley (M.D. or other)
Address Med. Dir. K.C. Gen. Hospital, K.C. Mo.
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

Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

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.