No. 2
-4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAR 1949

Registration District No. 29

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 5369

Registrar's No. 820

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: Wesley Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 46 Days (Specify whether
In this community 30 Yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 821 East 11th, Street.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Helen Mary HANSON.
3. (b) If veteran, name war None
3. (c) Social Security No. 495-10-2219
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 17th, (Day) 1911 (Year)

8. AGE: Years	Months	Days	If less than one day
30	8	10	hr. min.

9. Birthplace Kansas City (City, town, or county) O Missouri (State or foreign country)
10. Usual occupation Private Secretary
11. Industry or business Fisher Body Co.&Chev.Co.
FATHER
12. Name Fred H. Hanson.
13. Birthplace Louisana (City, town, or county) O Missouri. (State or foreign country)
MOTHER
14. Maiden name Blanche McIntire
15. Birthplace Kansas City (City, town, or county) O Missouri. (State or foreign country)
16. (a) Informant Blanche I. McHanson.
(b) Address 821 East 11th, Street.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/2/42 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery.
18. (a) Signature of funeral director Mellody-McGilley.
(b) Address K. C. Mo.
19. (a) 2/28/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 27 year 42 hour 5 minute 45 A. M.
21. I hereby certify that I attended the deceased from Ann, 19__ to ____, 19__;
that I last saw h____ alive on ____, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Embolic pneumonia
Due to Infected abortion (Spontaneous)
Due to 140 lb
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy See above

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)
(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 O. Hatch (M. D. or other) 2/27/42
Address Ann Date signed

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2999

P. O. Address..... KC

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

If this body is not embalmed, fact should be so stated above.