

FILED JUN 18 1942

Registration District No. 299

Primary Registration District No. 1002

Registrar's No. 2253

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:  
The Kansas City Club 3  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X (Specify whether  
years, months or days) 25 years

In this community 25 years

3. (a) PRINT FULL NAME John J. Hasburgh

3. (b) If veteran, name war No.

3. (c) Social Security No. 487-07-5554

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Phyllis Hasburgh

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

7. Birth date of deceased October 18 1892  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
49	7	18 20	hr. min.

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

10. Usual occupation Sales Manager

11. Industry or business Sheffield Steel Corporation

MOTHER FATHER

12. Name John W. Hasburgh

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

14. Maiden name Jennie Eagen

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

16. (a) Informant Mrs. Phyllis Hasburgh

(b) Address 648 Romany Road, Kansas City, Mo.

17. (a) Burial (b) Date thereof 6-10-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 6-9-42 (b) M. M. Brown  
(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. 648 Romany Road  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8th  
year 1942 hour 7:10 minute P. M.

21. I hereby certify that Crown attended the deceased from 9. 1942 to 9. 1942  
that I last saw him alive on 9. 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral hemithorax with diffuse bronchopneumonia

Transverse rupture of aorta

Due to 1862

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

PHYSICIAN

Major findings:  
Of operations See above

Of autopsy See above

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) Accident 123

(b) Date of occurrence 6/8/42

(c) Where did injury occur? 13th + Baltimore K. Mo  
(City or town) (County) (State)

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

While at work? no (Specify type of place)

(e) Means of injury Fall down stairs

23. Signature M. M. Brown (M. I. or other)  
Address See above Date 6/9/42

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

299

M.C.

311

**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.....

*Felix Remy*  
..... 4127

Licensed Embalmer No.....

P. O. Address.....

*A. C. M. O.*

**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.**