

FILED DEC 28 1942

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4649

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:
3835 CENTRAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community 55 YEARS
years, months or days)

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. 3835 CENTRAL
(If rural, give location)
(e) Citizen of foreign country? YES (Yes or No)
If yes, name country GERMANY

48
3
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3. (a) PRINT FULL NAME MRS. EMILIE CLARA AUGUSTA HANSEN

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife MR. THEODORE MARTIN HANSEN 6. (c) Age of husband or wife if alive 22 years (Day) (Year)

7. Birth date of deceased MAY 22 1853
(Month) (Day) (Year)

8. AGE: Years 89 Months 6 Days 20 If less than one day
hr. min.

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

10. Usual occupation AT HOME

11. Industry or business

12. Name JUSTUS ASMAN

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

14. Maiden name ELIZABETH M. ROHE

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

16. (a) Informant Elizabeth M. Hansen

(b) Address 3835 CENTRAL

17. (a) BURIAL (b) Date thereof DEC-14-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEMETERY

18. (a) Signature of funeral director O. N. Newcomer, Sr.

(b) Address 1401 BRUSH CREEK BLDG.

19. (a) 12-14-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12
year 1942 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from Dec. 4
1942 to Dec. 12 1942
that I last saw her alive on Dec 11 1942
and that death occurred on the date and hour stated above.

Immediate cause of death nephritis -
Had arteriosclerosis with
a high blood pressure -

Due to Disabilities of old age.

Due to 12/12

Other conditions (include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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 Hester Sappenfield - J.D.O. (M. D. or other)

Address 3812 State Line Date signed 12-12-42

R.C.K. Dec. 12-42

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

MOTHER FATHER

AS WARRIOR'S STATEMENT

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 Emile M. Colburn

Licensed Embalmer No. 3506

P. O. Address K.C. Mo.

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.