S. No. 2
M—2-43
5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13202

FILED MAY 6 1943

Local Registration District No. 649

Primary Registration District No. 1002

Registrar's No. 1929

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: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Weeks (Specify whether years, months or days)

In this community 35 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.: 3944 Troost Avenue
(If rural, give location)

(e) Citizen of foreign country? (Yes or No): O

If yes, name country:

3. (a) PRINT FULL NAME: Mrs. Frances Catherine Hanson

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: Frederick Henry Hanson

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

7. Birth date of deceased: November (Month) 27 (Day) 1860 (Year)

8. AGE: Years 82 Months 4 Days 26 If less than one day ____ hr. ____ min.

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

10. Usual occupation: None

11. Industry or business: At Home

FATHER
12. Name: R. C. Mosby
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Catherine Ragland
15. Birthplace: Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. J. S. Snider
(b) Address: 5905 Central

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 26, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Elmwood Cemetery

18. (a) Signature of funeral director: O. H. Newcomer's Son
(b) Address: 1401 Brush Creek Blvd.

19. (a) 4-24-43 (Date received local registrar) (b) M M Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23rd year 1943 hour 12 minute 10 P. M.

21. I hereby certify that I attended the deceased from April 1-43, 19__, to 4-23, 1943, that I last saw her alive on 4-23, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic Pneumonia — Duration

Due to: Congestive Heart failure

Due to: Auricular fibrulation

Other conditions: Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

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: D. H. Blair (M. D. or other): O.L.

Address: 924 Mny Bldg KC Mo Date signed: 4-25-43

(Licensed Embalmer's Statement on Reverse Side)

924 Professional Bldg.
12-5

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. Calhoun

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.