

S. No. 2
DOM-2-43
rev. 5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27332
3707

State File No.
Registrar's No.

Registration District No. 149

Primary Registration District No. 1002

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:
411 East 47th Street, /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NO.
In this community since 1903 (Specify whether 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. 411 East 47th Street,
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Dr. Minford A. Hanna

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 24th
year 1943 hour 10:30 minute P M.

3. (b) If veteran, name war World War #1 3. (c) Social Security No. none

21. I hereby certify that I attended the deceased from Corners 19...
that I last saw him alive on 19...
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

Immediate cause of death 2nd & 3rd degree burns of the arm, neck and trunk. Asphyxiated by smoke with the carbon monoxide poisoning Duration 0

6. (b) Name of husband or wife Mrs. Mary L. Hanna 6. (c) Age of husband or wife if alive 60 years

Due to Bed caught fire 1811

7. Birth date of deceased May 25 1878
(Month) (Day) (Year)

Other conditions (include pregnancy within 3 months of death) 1

8. AGE: Years Months Days If less than one day
65 2 30 hr. min.

Major findings: Of operations PHYSICIAN

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

Of autopsy see above

10. Usual occupation Physician

Underline the cause to which death should be charged statistically.

11. Industry or business Medical

12. Name Thomas J. Hanna 13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Emily Armour 15. Birthplace North Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary L. Hanna (b) Address 411 E. 47th St., Kansas City, Mo.

17. (a) Cremation (b) Date thereof 8-27-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

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

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident 123
(b) Date of occurrence 8/24/43
(c) Where did injury occur? K.C. Mo. Jackson Co.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home Bed caught fire
While at work? no (Specify type of place) (c) Means of injury
Signature [Signature] (M. D. or other) 3
Address K.C. Mo. Date signed 8/25/43

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

MOTHER FATHER

361

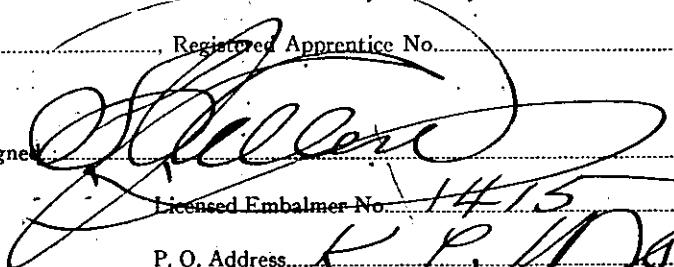
(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed 

Licensed Embalmer No. 1415

P. O. Address K.P.M.D.

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.