

No. 2
M-2-43
5-17-39
I X35897

11624

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 4 1944

Registration District No. _____

Primary Registration District No. 1008

Registrar's No. 1335

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2124 Marion St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 63 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 2124 Marion St.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ERNEST M. HANSEN

3. (b) If veteran, name war none (c) Social Security No. 488-14-5730

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Minnie A. Hansen 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Oct. 10 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	1	11	hr. min.

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

10. Usual occupation President

11. Industry or business Brown Transfer Co.

MOTHER FATHER

12. Name Joseph Hansen

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

14. Maiden name Rebecca Thompson

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

16. (a) Informant A. Milton Hansen

(b) Address St. Joseph

17. (a) burial (b) Date thereof 11/24/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Mausoleum

18. (a) Signature of funeral director Helen B. & Bowman

(b) Address 319 South 10th

19. (a) 11/22/43 (b) Rose Herzog
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21
year 1943 hour 5 minute 45A M.

21. I hereby certify that I attended the deceased from Nov. 20 1943 to Nov. 21 1943
that I last saw him alive on Nov. 20 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Atherosclerosis, general
Atherosclerotic heart disease

Due to Coronary occlusion 11-21-43

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

Major findings: Of operations
Of autopsy

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?

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature St. Joseph M.D. or other
Address St. Joseph Mo. date signed 11-26-43

1283

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 19 1946

FEB 5 1945

FEB

8-1938

NOV 1 1944

Dr. S. Carl Semor
722 1/2 Francis

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 Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address Sy Joseph M

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.