

0.2
2-43
7-39
X35697

FILED FEB 3 1944
149

State File No.

165

Registration District No.

Primary Registration District No. 1002

Registrar's No.

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 Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 das
In this community 25 years
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Letitia Jane Hahn

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex fe 5. Color or race wh 6. (a) Single, widowed, married, divorced 2 Widow

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

7. Birth date of deceased Feb 12th 1866
(Month) (Day) (Year)

8. AGE: Years 77 Months 8 Days 29 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

12. Name Robt Carey
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Frances Peterson

(b) Address 8210 Locust

17. (a) Removal (b) Date thereof Jan 12th 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Madison Kansas

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address 1800 Linwood Blvd

19. (a) Jan 12 1944 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 6
(d) Street No. 8210 Locust
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11th
year 1944 hour 1PM minute M.

21. I hereby certify that I attended the deceased from 12/21
1943 to 1/11/1944
that I last saw el alive on 1/11 and that death occurred on the date and hour stated above. 19. 44

Immediate cause of death Chn. Myocardiosis
Coronary Sclerosis Duration 1 mo.

Due to 93d
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy Coronary Sclerosis
Chn Myocardiosis 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) (c) Means of injury
23. Signature James P. Smith (M. D. or other)
Address 318 Prof Bldg. K.C. Mo Date signed 1/12/44

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

MOTHER FATHER

361

Dr J.D. Smith
Prof Bg
V12780

*Call Explora
for 8/18*

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.....

Chas E. Wilks

Licensed Embalmer No. *2644*

P. O. Address. *1800 Linwood*

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.