V. S. No. 2
0M—8-43
ev. 5-17-40

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26846

FILED AUG 23 1944

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3231

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

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

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")
(d) Street No. 3202 East 12 St 8
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Dr. Charles C. Hansell
3. (b) If veteran, name war no
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maude Hansell
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Dec 10 1889 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
54	7	25	hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Physician
11. Industry or business
FATHER
12. Name Wm Madoson Hansell
13. Birthplace (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name Lucy Torrence
15. Birthplace (City, town, or county) Iowa (State or foreign country)
16. (a) Informant Mrs Maudalu Hansell
(b) Address 3202 East 12 St
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 9 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Springfield Mo.
18. (a) Signature of funeral director Mrs C.L. Forster
(b) Address 918 Brooklyn
19. (a) 8-7-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5
year 1944 hour 4:05 minute P. M.
21. I hereby certify that I attended the deceased from Deputy Coroner, 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Acute coronary occlusion
Due to
Due to
Other conditions 94 a
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy See above

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 A. E. Upsher (M. D. or other) M.D.
Address 23rd and McCoy Date signed 8/5/44

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Wm. K. Jackson

Licensed Embalmer No. 3954

P. O. Address KC 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.