S. No. 2
—4-13-40
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I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 4 1945

Registration District No. 149

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 40139

Registrar's No. 5155

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Menaalen O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether

In this community 68 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

(c) City or town K.C.
(If outside city or town limits, write "RURAL")

(d) Street No. 325 Ward Parkway
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME MINNIE MAYER HANAUER

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife unknown.

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

7. Birth date of deceased Nov. 19 1876
(Month) (Day) (Year)

8. AGE: Years 68 Months 0 Days 29 If less than one day hr. min.

9. Birthplace K.C., Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name David Mayer
13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Matilda Schultz
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. B. Hatkin
(b) Address 325 Ward Parkway

17. (a) Burial (b) Date thereof 12/20/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Cem.

18. (a) Signature of funeral director Barrale-Jordan
(b) Address 3024 Troost

19. (a) 12-19-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18
year 1944 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from Dec 1 1944 to Dec 18 1944
that I last saw her alive on Dec 18 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Metastasis from	
Due to Carcinoma of left	
Due to Breast Removed 2 yrs ago.	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 50	
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 O. Morris Tinsley MD (M. D. or other)

Address 420 Prof Bldg Date signed 12-19-44

(Licensed Embalmer's Statement on Reverse Side)

JAN 10 1945

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 Julian M. Davidson

Licensed Embalmer No. 1168

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.