

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1160**
Registrar's No. **171**

FILED JAN 26 1945
Registration District No. **149**

Primary Registration District No. **1002**

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:
2311 EAST 48TH STREET TERRACE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **36 YEARS** / (Specify whether
years, months or days)

3. (a) PRINT FULL NAME **MR. LARS HANSEN**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **NONE**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**
6. (b) Name of husband or wife **MRS. CHRISTINA HANSEN** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **JUNE 16 1851**
(Month) (Day) (Year)

8. AGE: Years **93** Months **6** Days **25** If less than one day hr. min.

9. Birthplace **4 DENMARK**
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED**

11. Industry or business **ROOFING TILE MANUFACTURER**

MOTHER FATHER { 12. Name **HANS PETERSEN**

13. Birthplace **4 DENMARK**
(City, town, or county) (State or foreign country)

14. Maiden name **unknown**

15. Birthplace **4 DENMARK**
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS. A. LARSEN**

(b) Address **2311 EAST 48TH STREET TERRACE**

17. (a) **CREMATION** (b) Date thereof **JAN 13 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **D.W. NEWCOMER'S SONS**

18. (a) Signature of funeral director **D.W. Newcomer, Son**

(b) Address **1401 BRUSH CREEK, BLYD**

19. (a) **1-12-45** (b) **P. E. Brown**
(Date received local registrar) (Registrar's signature)

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. **2311 EAST 48TH STREET TERRACE**
(If rural, give location)
(e) Citizen of foreign country? **YES** (Yes or No)
If yes, name country **DENMARK**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **1** day **11** TH
year **1945** hour **10** minute **15 A.M.**

21. I hereby certify that I attended the deceased from **11/10 1943** to **11 1945**
that I last saw him alive on **1/11 1945**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chrom Myocarditis** Duration **2 yrs**

Due to **senility**

Due to _____

Other conditions (include pregnancy within 3 months of death) **93d**

Major findings: Of operations _____

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? _____

While at work? (Specify type of place) _____ (e) Means of Injury **0**

23. Signature **H.S. Prunty** (M. D. or other)

Address **900 Realto Bldg** Date signed **1/1/45**

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 Emile M. Colburn

Licensed Embalmer No. 3506

P. O. Address K C Wis.

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.