V. S. No. 2
OM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 24 1947

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7952

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 390

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yr 7 mo 29 da (Specify whether
In this community 2 yrs 7 mo 29 da years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town K. C.
(If outside city or town limits, write "RURAL")
(d) Street No. 1231 Indiana Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frederick R. Hansen
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M. O
5. Color or race N
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Single
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Nov. 13, 1862 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
1	84	4	3	hr. min.

9. Birthplace ✓ (City, town, or county) Denmark (State or foreign country)
10. Usual occupation Grocer
11. Industry or business Grocer
FATHER
12. Name Not given
13. Birthplace ✓ (City, town, or county) ✓ (State or foreign country)
MOTHER
14. Maiden name Not given
15. Birthplace ✓ (City, town, or county) ✓ (State or foreign country)
16. (a) Informant Hospital Records
(b) Address St Joseph Mo
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 3/20/47 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cem. Kansas City, Mo.
18. (a) Signature of funeral director Heaton - Bowman
(b) Address St Joseph, Mo
19. (a) 3-19-47 (Date received local registrar) (b) C. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch day 16
year 1947 hour 11 minute 15 A M.
21. I hereby certify that I attended the deceased from 3-1, 1947 to 3-16, 1947
that I last saw him alive on 3-16, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial degenerations	
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature F. F. Thomas M.D. (M. D. ~~or other~~)
Address St Joseph Mo. Date signed 3-16

0 82 (Licensed Embalmer's Statement on Reverse Side) by [illegible]

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 3195 10th, St. 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.