

No. 2
5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38179

FILED NOV 24 1947

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4691

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: KC GENERAL HOSPITAL No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 DAYS (Specify whether years, months or days)

In this community 4-DAYS

2. USUAL RESIDENCE OF DECEASED:

(a) State IOWA (b) County SHELBY ⁹⁹⁹

(c) City or town PORTS MOUTH ¹³
(If outside city or town limits, write "RURAL") ⁰

(d) Street No. NONE
(If rural, give location)

(e) Citizen of foreign country? YES (Yes or No)
If yes, name country Sweden Norway

3. (a) PRINT FULL NAME BERTHA HANSEN

(b) If veteran, name war NO

(c) Social Security No. NONE

20. DATE OF DEATH: Month NOVEMBER ^{109TH}
year 1947 hour 11:40 minute P M.

MEDICAL CERTIFICATION

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife MR. EMIL HANSEN

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased MARCH 25 1975
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from now, 1947, to now, 1947;
that I last saw h. now alive on now, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Fractured Skull Duration _____

8. AGE: Years 72 Months 7 Days 25
14 hr. _____ min.

Due to _____

Due to (n.m.o.)

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

Other conditions 1705
(Include pregnancy within 3 months of death) 22

10. Usual occupation HOUSE WIFE

Major findings: 1705
Of operations 22

11. Industry or business HOME

Of autopsy no - History + Inspection

12. Name UNKNOWN

13. Birthplace UNKNOWN NORWAY
(City, town, or county) (State, foreign country)

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN NORWAY
(City, town, or county) (State, foreign country)

16. (a) Informant Dr. ARTHUR HANSEN

(b) Address APPELTON CITY MISSOURI

17. (a) REMOVAL (b) Date thereof NOV-10-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HARLAN, IOWA

18. (a) Signature of funeral director D. W. Newcomer Sr

(b) Address 1401 Bush Creek Blvd.

19. (a) 11-10-47 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident ⁰²⁴

(b) Date of occurrence 11-6-47

(c) Where did injury occur? Interurb. Day, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place

While at work? no (Specify type of place) (e) Means of injury Auto

23. Signature John Walker (M. D. or other) Coron

Address 1424 1st St Date signed 11-10-47

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

John E. Fraking
working under my personal supervision.

Registered Apprentice No. *504*

Signed *E. Oscar Northey*

Licensed Embalmer No. *1767*

P. O. Address *Kansas City*

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.