. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 27 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1111

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 163

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: St. Marys (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community 40 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City (If outside city or town limits, write "RURAL") 3
(d) Street No.: 335 S. Elmwood (If rural, give location) 8 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: William O HANSON
3. (b) If veteran, name war: no
3. (c) Social Security No.: 702-18-3975
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Ida May
6. (c) Age of husband or wife if alive: 74 years
7. Birth date of deceased: September (Month) 7, (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
75	4	2	hr. min.

9. Birthplace: Enterprise (City, town, or county) Kansas (State or foreign country)
10. Usual occupation: retired engineer
11. Industry or business: Missouri Pacific

FATHER
12. Name: unknown
13. Birthplace: Sweden (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) (State or foreign country) 4

16. (a) Informant: Mrs. Ida May Hanson
(b) Address: 335 S. Elmwood
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 1-13-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Woodlawn, Kansas City, Kans.
18. (a) Signature of funeral director: C. H. Blackman Funeral Home
(b) Address: Kansas City, Mo.
19. (a) 1-12-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9 year 1948 hour minute M.
21. I hereby certify that I attended the deceased from 3 Jan 48, 19, to 9 Jan 1948 that I last saw him alive on 9 Jan 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	5 days
Due to: Auricular Fibrillation with cerebral Embolism	8 days
Due to: Arterio sclerotic Heart Disease	years
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 93 D	
Of autopsy	

PHYSICIAN — Underline the cause of 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: Hubert M Parker (M. D.)
Address: 306 E 12 Date signed 1-10-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr. Castles -
please sign

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 O K McFarland

Licensed Embalmer No. 4397

P. O. Address Kansas City 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.