

S. No. 300  
M-10-47  
5-17-39  
I 3908

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **4857**

FILED MAR 13 1948 49

Registrar's No. **842**

Registration District No. \_\_\_\_\_

Primary Registration District No. **1002**

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:  
**GENERAL HOSPITAL NO. 2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **11 HRS. - 05 MINS**  
(Specify whether  
In this community **50 years**  
years, months or days)

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. **916 EUCLID**  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

**WILLIAM HANLEY**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **496-09-4819**

4. Sex **MALE**

5. Color or race **NEGRO**

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

6. (b) Name of husband or wife **Ella Hanley**

6. (c) Age of husband or wife if alive **72** years

7. Birth date of deceased **DECEMBER 18, 1881**  
(Month) (Day) (Year)

8. AGE: Years **66** Months **2** Days **4** If less than one day hr. min.

9. Birthplace **HODGINSVILLE KENTUCKY**  
(City, town, or county) (State or foreign country)

10. Usual occupation **LABORER**

11. Industry or business \_\_\_\_\_

12. Name **ED. HANLEY**

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

14. Maiden name **LUCRETIA BOYD**

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

16. Informant **FINLEY DYSART (BROTHER-IN-LAW)**

(b) Address **2444 VINE**  
17. (a) **Burial** (b) Date thereof **2-25-1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **General Hospital**  
18. (a) Signature of funeral director **General Hospital**

(b) Address **2000 E. 12th St. K.C. Mo.**  
19. (a) **2-24-48** (b) **Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **FEBRUARY** day **22**, year **1948** hour **9:** minute **15 P.** M.

21. I hereby certify that I attended the deceased from **FEBRUARY 22**, 19**48** to **FEBRUARY 22**, 19**48**;

that I last saw him **IM** alive on **FEBRUARY 22**, 19**48**;

and that death occurred on the date and hour stated above.  
Immediate cause of death **LOBAR PNEUMONIA** Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **SENILITY**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)  
(c) Means of injury \_\_\_\_\_

3. Signature **General Hospital** (M. D. or other) **M. D.**  
Address **GENERAL HOSPITAL NO. 2** Date signed **2/24/48**

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

COPIES OF THIS CERTIFICATE ARE TO BE KEPT IN THE OFFICE OF THE REGISTRAR

**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 A. T. Moore

Licensed Embalmer No. 948

P. O. Address.....

**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.**

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of Missouri  
County of Jackson ss.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 4857-48  
Local Registrar's No. 842

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 28th day of February, 1949, before me appears Finley  
Dysart, who, upon his oath, states that the original record of birth  
for William Stanley died Feb. 22, 1948, in the State of  
Missouri, and which was filed at Kansas City on 2-24, 1948, should be corrected as follows:

Item No. 16a should read Finley Dysart (Nephew)  
Instead of..... (Brother-in-law)

Item No. .... should read.....  
Instead of.....

Item No. .... should read.....  
Instead of.....

Item No. .... should read.....  
Instead of.....

Item No. .... should read.....  
Instead of.....

Item No. .... should read.....  
Instead of.....

Item No. .... should read.....  
Instead of.....

Item No. .... should read.....  
Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Finley Dysart nephew  
Relationship.

2444 Vine St. Keosauqua  
Present Address.

Subscribed and sworn to before me this 28th day of February, 1949.

My Commission expires Oct 21, 1951 Barrie M. Appelucci Notary Public.

S-4857 1948