

No. 300
-10-47
5-17-39
3-1 3908

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **26344**
3382
Registrar's No.

Registration District No. **149**

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 812-Benton (Shea Nursing Home) 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 days
(Specify whether
In this community 7 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson **48**
(c) City or town Kansas City **3**
(If outside city or town limits, write "RURAL")
(d) Street No. 321-N Hardisty **8**
(If rural, give location) **0**
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rosa Belle Hanners
(b) If veteran, name war no
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 18
year 1948 hour 7 minute 30 P M.
21. I hereby certify that I attended the deceased from 8-8-48 to 8-18-48
that I last saw her alive on 8-18-48
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Edgar W Hanners 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Apr-24-1871
(Month) (Day) (Year)

Immediate cause of death Cardiac decompensation **2 days**
Due to Hypertensive cardiac vascular disease **2 yrs**
Due to generalized arterial sclerosis **years**
Other conditions (Include pregnancy within 3 months of death) _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE: Years 77 Months 3 Days 24 If less than one day _____ hr. _____ min.
9. Birthplace Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation at home

MOTHER FATHER
11. Industry or business _____
12. Name John Richard
13. Birthplace Pa
(City, town, or county) (State or foreign country)
14. Maiden name Sarah E. Wadley
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

Major findings: Of operations 932
Of autopsy _____

16. (a) Informant Wm R. Hanners
(b) Address 321-N Hardisty
17. (a) Removal (b) Date thereof Aug-30-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hale Missouri
18. (a) Signature of funeral director Mr. C. R. Foster
(b) Address 918 Broadway
19. (a) 8-19-48 (b) Geraldine Holms
(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) _____
(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 _____
23. Signature Thos. C. McHale MD (Physician or other)
Address 4620 Indeg Ave Date signed 8-19-48

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

4620 Broadway
Ch. 5750
2-4 pm

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 Jerry A. Minow
Licensed Embalmer No. 4496
P. O. Address 918 Brooklyn, K.C.

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.