. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 4 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32918

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4165

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: Trinity Lutheran Hospital K.C. Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Weeks (Specify whether
In this community Greater Kansas City 50 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")
(d) Street No. 3008 Baltimore
(If rural, give location)
(e) Citizen of foreign country? Unknown (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Dorothea G. Hansen
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Martin Hansen 3-1942
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 2 (Day) 1865 (Year)

8. AGE: Years	Months	Days	If less than one day
83	54	10	hr. min.

9. Birthplace Copenhagen (City, town, or county) Denmark (State or foreign country) 4
10. Usual occupation Homework 1
11. Industry or business at Home
FATHER
12. Name 6
13. Birthplace (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name 9
15. Birthplace (City, town, or county) (State or foreign country) 1
Don't Know
16. (a) Informant Mrs Paul M. Hansen
(b) Address Topeka Kansas
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 13-48 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Park K.C.K
18. (a) Signature of funeral director Jos A. Butler's Sons
(b) Address 22 So 18 K.C.K
19. (a) 10-13-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 12
year 1948 hour 3 minute 50 a M.
21. I hereby certify that I attended the deceased from Pathologist, 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cholemia	
Due to Biliary Cirrhosis.	
Due to Carcinoma of Pancreas	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 4 lo X	
Of autopsy above	

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? Jack H. Hill (e) Means of injury
23. Signature Jack H. Hill (M. D. or other) MD
Address Trinity Lutheran Hosp Date signed 12 Oct 48

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3264 Mo.

P. O. Address Kansas City Kansas

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.