

FILED MAY 6 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **12995**
 Registrar's No. **1824**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 1824		
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 1 1/2 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City				
d. FULL NAME OF HOSPITAL OR INSTITUTION 825 West 71st Terrace				d. STREET ADDRESS (If rural, give location) 825 West 71st Terrace				
3. NAME OF DECEASED (Type or Print) a. (First) Homer		b. (Middle) Glenn		c. (Last) HAHN		4. DATE OF DEATH (Month) (Day) (Year) April 15, 1950		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH March 13, 1884		
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Deputy Sheriff			10b. KIND OF BUSINESS OR INDUSTRY Jackson County		11. BIRTHPLACE (State or foreign country) Calhoun, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Samuel Hahn			13b. MOTHER'S MAIDEN NAME Mary Edmonson			14. NAME OF HUSBAND OR WIFE Bula D. Hahn		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Bula D. Hahn, 825 W. 71st Terrace			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial regurgitation about 3 years ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none					INTERVAL BETWEEN ONSET AND DEATH 4107	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from Jan 1, 1950 , to Apr. 15, 1950 , that I last saw the deceased alive on Apr. 14, 1950 , and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE James G. Graham (Degree or title)				23b. ADDRESS 518 Argyle Bldg K.C. Mo		23c. DATE SIGNED 4-17-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-19-50		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		
DATE REC'D BY LOCAL REG. 4-19-50		REGISTRAR'S SIGNATURE Gertrude Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGille y-Eylar		ADDRESS Kansas City, Mo.		

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

Dr. Graham
Angelo Bldg.
No 0494
5781 Trook.

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Licensed Embalmer No. _____

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.