S. No. 300
v. 10.48

FILED MAR 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4764

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 738

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wheatley Provident Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Clay
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Excelsior Springs 024
d. STREET ADDRESS (If rural, give location): Cannon Street

3. NAME OF DECEASED (Type or Print)
a. (First): LOUIS
b. (Middle):
c. (Last): HANNON

4. DATE OF DEATH (Month) (Day) (Year): Feb. 16, 1951

5. SEX: Male
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 2 1893
9. AGE (In years last birthday): 58 — If under 1 year: Months ~~8~~ Days ~~14~~ — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hotel employee
10b. KIND OF BUSINESS OR INDUSTRY: Hotel employee
11. BIRTHPLACE (State or foreign country): Carrollton, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Louis Hannon
13b. MOTHER'S MAIDEN NAME: Rachel Bruce
14. NAME OF HUSBAND OR WIFE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME: Bettie Hancock
ADDRESS: Cannon Street Excelsior Springs Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Toxemia and Uremia
(Hypertension)
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chronic Nephritis
DUE TO (c) Extensive 3rd degree burn of left upper and lower extremities

INTERVAL BETWEEN ONSET AND DEATH: 29 days

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): at home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Excelsior Springs Clay Mo. 024
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 2-7-51 m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR: fell on stove

22. *I hereby certify that I attended the deceased from* Feb. 8, 1951 *to* Feb. 16, 1951, *that I last saw the deceased alive on* Feb. 16, 1951, *and that death occurred at* 6:50 P m., *from the causes and on the date stated above.*

23a. SIGNATURE George H. Taft (Degree or title): George H. Taft, M.D.
23b. ADDRESS: 2204 F. 18th st.
23c. DATE SIGNED: 2-17-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2-17-51
24c. NAME OF CEMETERY OR CREMATORY: Elmwood
24d. LOCATION (City, town, or county) (State): Excelsior Springs Mo.

DATE REC'D BY LOCAL REG.: 2-17-51
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Claude Pritchard Excelsior Springs Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

3008 0

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~~ .....

.....,

working under my personal supervision.

Student Embalmer No. .....

Signed Lindell K. Jarman

Signed.....
Student Embalmer

Licensed Embalmer No. 4589

P. O. Add. Excelsior Springs, 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.