

FILED APR 14 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8507

1372

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 1372	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 13 years		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City			
d. FULL NAME OF HOSPITAL OR INSTITUTION Little Sisters-5331 Highland				d. STREET ADDRESS (If rural, give location) 4331 Forest Ave. 2638			
3. NAME OF DECEASED (Type or Print) a. (First) Mrs Jessie		b. (Middle) A		c. (Last) Hanlon		4. DATE OF DEATH (Month) (Day) (Year) March 29, 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Sept. 16, 1870		9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Leavenworth, Kansas /		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME August Eckert		13b. MOTHER'S MAIDEN NAME Elizabeth Burns		14. NAME OF HUSBAND OR WIFE Cornelius Hanlon			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Wm. J. Barry 4331 Forest Ave.			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho-pneumonia  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. Arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH 5 days  49 1/2  30 yrs	
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) (Min.)		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 3/19, 1950, to 3/27/51, 1951, that I last saw the deceased alive on 3/27, 1951, and that death occurred at 2:30 p.m. from the causes and on the date stated above.							
23a. SIGNATURE Joseph A. Fogarty (If press or title)				23b. ADDRESS 402 Northmanly, Kas.		23c. DATE SIGNED 3/30/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE March 31, 1951		24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary		24d. LOCATION (City, town, or county) (State) Leavenworth, Kas.	
DATE REC'D BY LOCAL REG 3-30-51		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Thos. E. Quirk 4316 Troost Ave.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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**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 \_\_\_\_\_

Signed.....  
Student Embalmer

Licensed Embalmer No. 3755

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.