

FILED AUG 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27412

BIRTH NO. _____		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 3028		Registrar's No. 160	
1. PLACE OF DEATH a. COUNTY Jasper 0493				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. LENGTH OF STAY (in this place) 8 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage 0493			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Jackson Hotel				d. STREET ADDRESS (If rural, give location) Jackson Hotel 0			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) BERNARD		c. (Last) HANSAN		4. DATE OF DEATH (Month) (Day) (Year) August 8, 1951	
5. SEX male 0		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married /		8. DATE OF BIRTH Jan 16, 1879	
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired painter		10b. KIND OF BUSINESS OR INDUSTRY decorating		11. BIRTHPLACE (State or foreign country) Liebenthal, Kansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John P. Hansan		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Nora S. Hansan			
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. 494-12-0579		17. INFORMANT'S SIGNATURE OR NAME ADDRESS J.A. Hansan, 2342 Norton, K.C., 1, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure, acute		ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (c) Anemia, secondary, chronic.					
		II. OTHER SIGNIFICANT CONDITIONS-- Conditions contributing to the death but not related to the disease or condition causing death. Hemorrhoids, ext. chron. with rectal prolapse					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None				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)		461X	
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 March 1919 51, to Aug. 8, 1951, that I last saw the deceased alive on July 25, 1951, and that death occurred at 4:30a m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Emory J. McIntire, Md.				23b. ADDRESS Carthage, Mo		23c. DATE SIGNED 8-9-51	
24a. DATE OF REMOVAL		24b. DATE 8-9-51		24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery		24d. LOCATION (City, town, or county) (State); Kansas City, Mo	
DATE REC'D BY LOCAL REG. 8-9-51		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary, Carthage, Mo			

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

8/14/51

51-8-647

~~8/15/51~~

OCT 5 1951

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 Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.