

STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 3014 Registrar's No. 83

1. PLACE OF DEATH  
 a. COUNTY Clay

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE Missouri b. COUNTY Clay

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Liberty c. LENGTH OF STAY (in this place)  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Liberty 0211

d. FULL NAME OF HOSPITAL OR INSTITUTION 425 W. Kansas d. STREET ADDRESS (If rural, give location) 425 W. Kansas

3. NAME OF DECEASED (Type or Print) a. (First) Arthur b. (Middle) Lewis c. (Last) Hanna 4. DATE OF DEATH (Month) (Day) (Year) Dec. 2, 1951

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH Nov. 12, 1878 9. AGE (In years) (Months) (Days) (Hours) (Min.) 73

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) barber 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (State or foreign country) Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William H. Hanna 13b. MOTHER'S MAIDEN NAME Ida Cook 14. NAME OF HUSBAND OR WIFE Mary J. Hanna

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 495-24-5102 17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Mary J. Hanna, Liberty, 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, ashenia, etc. It means the disease, injury, or complication which caused death.

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral Haemorrhage  
 ANTECEDENT CAUSES Stroke  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) arterio-sclerotic  
 DUE TO (c) renal syndrome.

2. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) Liberty MO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR \_\_\_\_\_

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 1949, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on Dec 2, 1951, and that death occurred at 11:48 m., from the causes and on the date stated above.

23a. SIGNATURE W. H. Gaudson M.D. (Degree or title) 23b. ADDRESS Liberty Mo. 23c. DATE SIGNED 12/2/51

24a. BURIAL CREMATION REMOVAL (Specify) burial 24b. DATE 12-4-51 24c. NAME OF CEMETERY OR CREMATORY SONNY SLOPE 24d. LOCATION (City, town, or county) (State) RICHMOND MO

DATE REC'D BY LOCAL REG. Dec. 4. 1951 REGISTRAR'S SIGNATURE Minnie Haynes 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Tyler Parley Liberty, MO

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

1241



APR 23 1957

DEC 7 1957

**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 John Parley

Licensed Embalmer No. 4808

P. O. Address Liberty, 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.