

FILED JUL 5 1952

STANDARD CERTIFICATE OF DEATH

State File No. 20468

4
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2552</u>	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Wyandotte			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 11 months		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City, 8150			
d. FULL NAME OF HOSPITAL OR INSTITUTION Simpson Nursing Home				d. STREET ADDRESS (If rural, give location) 4819 Swartz rd. 1 X			
3. NAME OF DECEASED a. (First) LOUIS (Type or Print)			b. (Middle) C.			c. (Last) HAFNER	
5. SEX male 0		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2		4. DATE OF DEATH (Month) (Day) (Year) June 5, 1952	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister		10b. KIND OF BUSINESS OR INDUSTRY U.S. Church		8. DATE OF BIRTH Feb. 8, 1876		9. AGE (In years last birthday) 76 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 12 HRS.: Hours _____ Min. _____	
11. BIRTHPLACE (State or foreign country) Danville, Ill. /			12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Jacob Hafner			13b. MOTHER'S MAIDEN NAME Lovina Sanders			14. NAME OF HUSBAND OR WIFE Marie Hafner	
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. 496-05-1314		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Vaughn Hafner 4819 Swartz Rd. K.C.K			
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) <u>Cerebrovascular disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. 331X					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
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 <u>5-31</u> , 19 <u>52</u> to <u>6-4</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>6-3</u> , 19 <u>52</u> , and that death occurred at <u>10</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Roy F. Drake MD</u> (Degree or title)				23b. ADDRESS <u>2414 Telephone Bldg.</u>		23c. DATE SIGNED <u>6/8/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0		24b. DATE <u>6/8/52</u>	24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.		
DATE REC'D BY LOCAL REG. <u>6-6-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. A. Butler's Sons K.C.K			

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.....

Russell W. Dennis

Signed.....

Student Embalmer

Licensed Embalmer No. *3467*

P. O. Address *KCK*

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.