

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4833****832**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI				b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 23 years		c. CITY OR TOWN KANSAS CITY		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL				31 STREET ADDRESS 1222 E. 76th Street				(If rural, give location)	
3. NAME OF DECEASED (Type or Print) MARION B. HANWAY			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH February 20, 1955		(Month)		(Day)		(Year)			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 21, 1906		9. AGE (in years last birthday) 48	
IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours		IF UNDER 24 HRS. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist-BINDERY OPERATOR			10b. KIND OF BUSINESS OR INDUSTRY GENERAL BINDING			11. BIRTHPLACE (City and State or Foreign Country) Mt. Washington, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Chauncey Hanway			13b. MOTHER'S MAIDEN NAME ZADIE BRIGHT			14. NAME OF HUSBAND OR WIFE GRACE HANWAY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WWII			16. SOCIAL SECURITY NO. 48-7-05-5682		17. INFORMANT'S SIGNATURE OR NAME VA Hospital Official Records, K. C. Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean a number of dying, such as arteriosclerosis, asthma, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 2 days	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia				ANTECEDENT CAUSES				6 months	
DUE TO (b) Hemiparalysis				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				---	
DUE TO (c) Brain tumor, Glioblastoma				II. OTHER SIGNIFICANT CONDITIONS				1934	
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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) SUICIDE		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 VA		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 Dec. 3, 1954 , to Feb. 20, 1955 , and that death occurred at 11:05 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE Hobart M. Proctor, M.D.				23b. ADDRESS VA Hospital, Kansas City, Mo.		23c. DATE SIGNED 2/21/55			
24a. BURIAL CREMATION, REMOVAL (Specify) BURIAL		24b. DATE FEB 23 1955		24c. NAME OF CEMETERY OR CREMATORY BUCKNER Hills Cem.		24d. LOCATION (City, town, or county) BUCKNER, MISSOURI		(State)	
DATE REC'D BY LOCAL REG. 2-23-55		REGISTRAR'S SIGNATURE Neva Marshall			25. FUNERAL DIRECTOR'S SIGNATURE D.W. Thompson				
					ADDRESS 1331 West Oak K.C. 170.				

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

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.....
Signature of Student Embalmer

Signed *Basil V. Honey*

Licensed Embalmer No. *472*

P. O. Address *R.C. M.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.