

FILED JAN 14 1957

STANDARD CERTIFICATE OF DEATH

41496
STATE FILE NUMBER
5670
Registrar's No.

Registration District No. 149 Primary Registration District No. 1002

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, give TOWNSHIP only) OR TOWN KANSAS City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4109 College			Length of stay in 18 26 yrs	STREET ADDRESS (If outside, give location) 4109 College			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First HANNAH Middle E Last HADER				4. DATE OF DEATH Month DEC Day 26 Year 1956			
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH August 3, 1866		9. AGE (In years last birthday) 90 IF UNDER 1 YEAR Months 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 AT HOME	11. BIRTH PLACE (City and state or country) LAFAYETTE COUNTY, MO.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME August ERDMAN				14. MOTHER'S MAIDEN NAME JOANNA BRIEPOHL			
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. NONE		17. INFORMANT Address EMMA M. MYERS 4109 College R.C. MO.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardioses Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arterio sclerosis DUE TO (c) Smoking						INTERVAL BETWEEN ONSET AND DEATH 2 yrs, 4 mos 4221	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from years to 12/26/1936 and last saw her/him alive on 12/22/36 Death occurred at 9:00 p. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) John O. Skinner M.D.				22b. ADDRESS 1402 W. 13th St. P.O. Box 12/27-56		22c. DATE SIGNED 12/27-56	
22d. BURIAL CREMATION, REMOVAL (Specify) BURIAL		22e. DATE DEC. 29. 1956	22f. NAME OF CEMETERY OR CREMATORY BRAND CEMETERY		22g. LOCATION (City, town, or county) (State) HIGGINSVILLE, MISSOURI		
24. FUNERAL DIRECTOR D.W. NEW COMERTSONS 1331 R.C. MO.			25. DATE RECD. BY LOCAL REG. 12-30-56		26. REGISTRAR'S SIGNATURE neva mindall		

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 *Everett R. Smith*.....

Licensed Embalmer No..... *50*

P. O. Address ...*K.C.*...

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.