FILED JAN 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44697

STATE FILE NUMBER 5597

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ~~Hickman Mills~~ KANSAS CITY, Missouri — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Menorah Medical Center — Length of stay in Ib: 5 days

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Hickman Mills — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 4209 Grandview Road — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Thyra Middle: Last: HANLON

4. DATE OF DEATH Month Day Year: December 23, 1956

5. SEX: Female

6. COLOR OR RACE: white

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

8. DATE OF BIRTH: Feb. 11, 1882

9. AGE (In years last birthday): 74 yrs — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY: SELF

11. BIRTHPLACE (City and state or country): SIOUX CITY, IOWA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOHN OHLUND

14. MOTHER'S MAIDEN NAME: MATILDA SAWYSON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NONE

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: RICHARD HANLON Address: 4209 Grandview Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Peritonitis ; diffuse
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Spontaneous perforation, stomach (m-m-D)
DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH: 5 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 12/18/56, to 12/23/56 and last saw her alive on 12/23/56. Death occurred at 8:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph H. Printz (Degree or title) D.

22b. ADDRESS 701 E 63

22c. DATE SIGNED 12-24-56.

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: Dec 27, 1956

23c. NAME OF CEMETERY OR CREMATORY: CALVARY

23d. LOCATION (City, town, or county) (State): K.C., Mo.

24. FUNERAL DIRECTOR: MUEHLEBACH ADDRESS: 6800 Troost

25. DATE RECD. BY LOCAL REG.: 12-26-56

26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

Joseph H. Printz

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Thomas A. Kachle

Licensed Embalmer No. 49

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.