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THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

FILED MAR 10 1958

58-005556
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1005 Registrar's No. 899

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Kansas City — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Menorah Medical Center - 50 YRS. — Length of stay in Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 6712 Cherry — Reside on Farm: Yes [ ] No [X]

**3. NAME OF DECEASED** (Type or print): First: Margaret Middle: JEAN Last: Hanna

**4. DATE OF DEATH**: Month: February Day: 16 Year: 1958

**5. SEX**: Female

**6. COLOR OR RACE**: White

**7. MARRIED** [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] **DIVORCED** [ ]

**8. DATE OF BIRTH**: 5-8-07

**9. AGE** (In years last birthday): 50 — 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): OWNER

**10b. KIND OF BUSINESS OR INDUSTRY**: HANNA DRY CLEANERS

**11. BIRTHPLACE** (City and state or country): KANSAS CITY, MISSOURI

**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: CHRISTIAN KETTLER

**13b. MOTHER'S MAIDEN NAME**: KATE STORTZ

**14. NAME OF HUSBAND OR ~~WIFE~~**: JOSEPH S. HANNA, SR.

**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.**: 486-01-8051

**17. INFORMANT**: JOSEPH S. HANNA JR. — Address: DALLAS, TEXAS

**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): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 18 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Essential Hypertension — 2 yrs.
DUE TO (c): 331K
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 June 1956 to Feb 16-58 and last saw her/him alive on Feb 16-58
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE**: Jack B. Brams (Degree or title) M.D.

**22b. ADDRESS**: 1103 Grand Ave

**22c. DATE SIGNED**: 2-16-58

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

**23b. DATE**: FEB. 19-1958

**23c. NAME OF CEMETERY OR ~~CREMATORY~~**: MT. MORIAH CEMETERY

**23d. LOCATION** (City, town, or county) (State): KANSAS CITY, MISSOURI

**24. FUNERAL DIRECTOR**: P.W. NEWCOMER'S SONS — ADDRESS: 1551 BRUSH CREEK KANSAS CITY, MO.

**25. DATE RECD. BY LOCAL REG.**: 2-19-58

**26. REGISTRAR'S SIGNATURE**: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Jack B. Brams

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 ..... Signed Edward M. Sto

Signature of Student Embalmer

Licensed Embalmer No. 4452

P. O. Address K.C. 10

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.