

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025165

FILED VS. AUG 10 1959/49

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 3621 STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Missouri COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 68 Yrs	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 2319 Kensington		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2319 Kensington Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
THOMAS MARSHMAN HANNA July **24** 1959

5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-23-1879	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and state or country) Roney's Point W.VA.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME William R. Hanna	13b. MOTHER'S MAIDEN NAME Jane Reaney	14. NAME OF HUSBAND OR WIFE Sarrah Hanna
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) Unknown	16. SOCIAL SECURITY NO. 486 03 5920	17. INFORMANT Address Raytown, Mo. Mrs BARBARA Noel 7205 Ralston
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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 thrombosis** INTERVAL BETWEEN ONSET AND DEATH
Several years
 DUE TO (b) **Generalized arteriosclerosis and sclerosis of the cerebral vessels**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

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
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21. I attended the deceased from **7-15-59** to **7-15-59** and last saw her/him alive on **7-15-59**
 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Clath Perry M.D.	22b. ADDRESS 4800 E. 24th, Kansas City, Mo.	22c. DATE SIGNED 7-27-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 28 1959	23c. NAME OF CEMETERY OR CREMATORY Floral Hills Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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FUNERAL DIRECTOR Floral Hills Memorial Chapels Inc Kansas City, Missouri	25. DATE RECD. BY LOCAL REG. 7-27-59	26. REGISTRAR'S SIGNATURE Neva Marshall
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF **Ralph Perry**

BEFORE 5 pm.
4:00 E 24
No 15949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Forrest D. Goldsnow

Licensed Embalmer No. 4714

P. O. Address K.C. Mo.

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