

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-015243

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2301 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF
Hugh H. Owens

<p>FILED MAY 14 1962</p> <p>1. PLACE OF DEATH</p> <p>a. COUNTY Jackson</p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in 1b 15 yrs.</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3806 Brooklyn Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE Missouri b. COUNTY Jackson</p> <p>c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) 3806 Brooklyn Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>			
<p>3. NAME OF DECEASED (Type or print)</p> <p style="text-align: center;">First Middle Last William A. Hanna</p>			<p>4. DATE OF DEATH</p> <p style="text-align: center;">Month Day Year April 23, 1962</p>		
<p>5. SEX Male</p>		<p>6. COLOR OR RACE White</p>		<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/></p>	
<p>8. DATE OF BIRTH June 22, 1901</p>		<p>9. AGE (last birthday) 60</p>		<p>IF UNDER 1 YEAR IF UNDER 24 HR</p> <p>Months Days Hours Min.</p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driller</p>			<p>10b. KIND OF BUSINESS OR INDUSTRY K. C. Quarries Co.</p>		<p>11. BIRTHPLACE (City and state or country) Missouri</p>
<p>12. CITIZEN OF WHAT COUNTRY U. S. A.</p>					
<p>13a. FATHER'S NAME Frank Hanna</p>		<p>13b. MOTHER'S MAIDEN NAME Addie Lee Northcraft</p>		<p>14. NAME OF HUSBAND OR WIFE Lillian Hanna</p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No</p>			<p>16. SOCIAL SECURITY NO. [REDACTED]</p>		<p>17. INFORMANT Address Marie Earp, 5617 Paseo, K. C., Mo.</p>
<p>18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) Bullet wound head</p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>					<p>INTERVAL BETWEEN ONSET AND DEATH</p>
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>		<p>20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/></p>		<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY 4:23 a.m.</p>		<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/></p>		<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Res</p>	
<p>20f. CITY, TOWN, OR LOCATION Kansas City</p>		<p>COUNTY Jackson</p>		<p>STATE MO</p>	
<p>21. I attended the deceased from _____ to _____ and last _____ her/him alive on _____</p> <p>Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.</p>					
<p>22a. SIGNATURE (Degree or title) Joseph H. Owens Coroner</p>			<p>22b. ADDRESS 152 Union Station</p>		<p>22c. DATE SIGNED 4-24-62</p>
<p>23a. BURIAL, CREMATION, or other disposal (Specify) Burial</p>		<p>23b. DATE 4-26-62</p>		<p>23c. NAME OF CEMETERY OR CREMATORY Memorial Park</p>	
<p>23d. LOCATION (City, town, or county) Kansas City, Missouri</p>		<p>23e. (State) _____</p>			
<p>24. FUNERAL DIRECTOR ADDRESS Stine & McClure, Kansas City, Mo.</p>			<p>25. DATE RECD. BY LOCAL REG. 4-26-62</p>		<p>26. REGISTRAR'S SIGNATURE Ruth Long</p>

USE BLACK INK OR TYPEWRITER RIBBON

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 J. S. Walton

Licensed Embalmer No. 2744

P. O. Address K. C. Mo

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.