K 240P 230

No. K-128183

MARRIAGE LICENSE

STATE OF MISSOURI

COUNTY OF

Jackson at Kansas City

This license authorizes any person authorized under the laws of this state to solemnize marriage between JAMES C. CASE

of LENEXA *in the County of* JOHNSON *and State of* KANSAS *, who is* OVER *the age of eighteen, and* KATHERINE P. HOKANSON

of LENEXA *in the County of* JOHNSON *and State of* KANSAS *who is* OVER *the age of eighteen.*

Witness my hand as Recorder with the seal of office hereto affixed, at my office in Kansas City, Missouri this 11th. *day of* SEPTEMBER *19*94

By [signature] DEPUTY [signature] DIRECTOR OF RECORDS

RETURN OF PERSON SOLEMNIZING MARRIAGE

STATE OF MISSOURI, } S.S.
COUNTY OF JACKSON

This is to certify that the undersigned, a PASTOR *did at* KANSAS CITY, MISSOURI *in said County on the* 8TH *day of* OCTOBER *19*94 *unite in marriage the above named persons, and I further certify that I am legally qualified under the laws of the State of Missouri to solemnize marriages.*

[signature]
SIGNATURE OF OFFICIAL

RODNEY D. BECKER 106 W. HARGIS, BELTON, MO. 64012
PRINT NAME AND ADDRESS OF OFFICIAL

[signature] (WITNESS) [illegible] (ADDRESS)

[signature] (WITNESS) [illegible] (ADDRESS)

Filed this 17th. day of October, 19 74.

IF NOT USED THIS LICENSE SHALL BE VOID AFTER THIRTY (30) DAYS FROM DATE OF ISSUANCE.

K 240P 251 ✓

TYPE/PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK.

DO NOT WRITE ON THIS STUB

4
5b
5d
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7a
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14
15b
15d
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17a
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19
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26b

VS 700
Rev. 3/90

MO 580-0717
(3-90)

MISSOURI DEPARTMENT OF HEALTH

APPLICATION/ REPORT OF MARRIAGE

LICENSE NUMBER 1994K 128183

STATE FILE NUMBER

GROOM

1. GROOM'S NAME *(First, Middle, Last)*: JAMES C CASE

2. AGE LAST BIRTHDAY	3. DATE OF BIRTH *(Month, Day, Year)*	4. BIRTHPLACE *(State or Foreign Country)*
26	03/18/68	MISSOURI

5a. RESIDENCE - CITY, TOWN, OR LOCATION	5b. STATE	5c. ZIP CODE	5d. COUNTY
LENEXA	KANSAS	66219	JOHNSON

6. NUMBER OF THIS MARRIAGE - First, Second, etc. *(Specify below)*	7. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED		8. RACE - American Indian, Black, White, etc. *(Specify below)*	9. EDUCATION *(Specify only highest grade completed)*	
	By:	Date: *(Month, Year)*		Elementary/Secondary (0-12)	College (1-4 or 5+)
FIRST	7a. ☐ Death ☐ Divorce, dissolution, or annulment	7b. /	WHITE	12	4

BRIDE

10. BRIDE'S NAME *(First, Middle, Last)*: KATHERINE P HOKANSON

11. MAIDEN SURNAME *(If different)*:

12. AGE LAST BIRTHDAY	13. DATE OF BIRTH *(Month, Day, Year)*	14. BIRTHPLACE *(State or Foreign Country)*
27	08/02/67	MISSOURI

15a. RESIDENCE - CITY, TOWN, OR LOCATION	15b. STATE	15c. ZIP CODE	15d. COUNTY
LENEXA	KANSAS	66219	JOHNSON

16. NUMBER OF THIS MARRIAGE - First, Second, etc. *(Specify below)*	17. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED		18. RACE - American Indian, Black, White, etc. *(Specify below)*	19. EDUCATION *(Specify only highest grade completed)*	
	By:	Date: *(Month, Year)*		Elementary/Secondary (0-12)	College (1-4 or 5+)
FIRST	17a. ☐ Death ☐ Divorce, dissolution, or annulment	17b. /	WHITE	12	4

SIGNATURES

WE HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF AND THAT WE ARE FREE TO MARRY UNDER THE LAWS OF THIS STATE.

20. GROOM'S SIGNATURE ▶ James C Case

21. BRIDE'S SIGNATURE ▶ Katherine Pauley Hokanson K. Pauley Hokanson

AFFIX SEAL

LOCAL OFFICIAL

22. SUBSCRIBED TO AND SWORN TO BEFORE ME ON: *(Month, Day, Year)(Time)*	23. COUNTY OF RECORDING	24. DATE AND TIME LICENSE ISSUED *(Month, Day, Year)(Time)*
09/08/1994 :	JACKSON, COUNTY	09/11/1994 :

KIZ R. COLLINS
Notary Seal
Notary Public, State of Missouri
Commissioned in Jackson County
My Commission Expires May 23, 1997

25. NAME OF RECORDER OF DEEDS	26. SIGNATURE AND TITLE OF OFFICIAL
WALTER R. PETERSON, JR.	Kiz R. Collins

CEREMONY

27. DATE CEREMONY PERFORMED *(Month, Day, Year)*	28a. WHERE MARRIED - CITY, TOWN, OR LOCATION	28b. WHERE MARRIED - COUNTY
10/8/94	Kansas City	Jackson

PARENTAL CONSENT

29. NAME OF PARENT OR LEGAL GUARDIAN OF GROOM: *(If Minor)*

30. RELATIONSHIP TO APPLICANT

31a. ADDRESS OF PARENT OR LEGAL GUARDIAN OF GROOM:

31b. STATE

31c. ZIP CODE

I, THE ABOVE-NAMED PARENT OR LEGAL GUARDIAN, DO HEREBY SWEAR THE INFORMATION TO BE CORRECT AND HEREBY GIVE MY CONSENT TO SAID MARRIAGE.

32. SIGNATURE OF PARENT OR LEGAL GUARDIAN ▶

33. NAME OF PARENT OR LEGAL GUARDIAN OF BRIDE: *(If Minor)*

34. RELATIONSHIP TO APPLICANT

35a. ADDRESS OF PARENT OR LEGAL GUARDIAN OF BRIDE:

35b. STATE

35c. ZIP CODE

I, THE ABOVE-NAMED PARENT OR LEGAL GUARDIAN, DO HEREBY SWEAR THE INFORMATION TO BE CORRECT AND HEREBY GIVE MY CONSENT TO SAID MARRIAGE.

36. SIGNATURE OF PARENT OR LEGAL GUARDIAN ▶

AFFIX SEAL

37. PARENTAL CONSENT SUBSCRIBED TO AND SWORN TO BEFORE ME ON: *(Month, Day, Year)*

38. SIGNATURE AND TITLE OF OFFICIAL ▶

10/8