

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use **2815**

1. PLACE OF DEATH
 (a) County Greene Registration District No. 316
 (b) Township REPUBLIC Primary Registration District No. 2001 Registered No. 82
 (c) City REPUBLIC (d) Street No. Springfield Baptist Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lillie Alice Mann Hanson
 (a) Residence, No. Republic Mo. R.F.D. # 2 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Hanson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18 1901
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 8 9

8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. House Wife
 9. Industry or business in which work was done, as saw mill, bank, etc. Home
 10. Date deceased last worked at this occupation (month and year) Jan 16, 1938 11. Total time (years) spent in this occupation 1 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hoyt Kans

FATHER 13. NAME James Letcher Mann
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WATHE NA
DDAIPHA X C.D. KANSAS

MOTHER 15. MAIDEN NAME SARAH AUGURD MANN
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BELLE PLAIN IOWA

17. INFORMANT (ADDRESS) Henry Hanson
Republic Mo

18. BURIAL CREMATION OR REMOVED PLACE Maryetta DATE Jan 30 1938

19. FUNERAL DIRECTOR (ADDRESS) C. C. Jefferson
Republic Mo

20. FILED Jan 29 1938 Chas. A. George
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27 1938
 22. I HEREBY CERTIFY That I attended deceased from Jan 23 1938 to Jan 27 1938
 last saw her alive on Jan 28 1938 Death is said to have occurred on the date stated above, at 4 a.m.
 The principal cause of death and related causes of importance were as follows:

Labor pneumonia
 Date of onset 1/19-38

Other contributory causes of importance:
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Placid Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____ (Signed) E. M. LeCompte, M. D.
 (Address) Brockton, Illinois, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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FEB 24 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)