

REC'D JUL 20 1938

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

21840

Do not use this space.

1. PLACE OF DEATH

(a) County GreeneRegistration District No. 316

(b) Township

Primary Registration District No. 2001(c) City Springfield(d) Street No. 766 E. Harrison 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.

Registered No. 4592. PRINT FULL NAME Samuel Brown Hanna(a) Residence, No. Springfield, Missouri. 766 E. Harrison St.

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)single5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

June 8, 1855

7. AGE

82

MONTHS

11

DAYS

23If LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.9. Industry or business in which work
was done, as saw mill, bank, etc.retired10. Date deceased last worked at
this occupation (month and
year)farmer
Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Louisburg W. Va.

FATHER

13. NAME

Albert Hanna14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)W. Va.

MOTHER

15. MAIDEN NAME

Sarah Handley16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)W. Va.17. INFORMANT
(ADDRESS)Mrs. Mary Higgins
Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Maple ParkDATE June 71938

19. FUNERAL DIRECTOR (NAME), H. H. Lohmeyer

(ADDRESS)

Springfield, Mo.

20. FILED

June 619. 38Chas. Bergquist
Local Registrar.592

(Address)

Springfield, Missouri.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him indeed, June 6, 1938 to June 6, 1938I last saw him indeed, June 6, 1938 to June 6, 1938 Death is saidto have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis, chronic.Arterio Sclerosis.

Date of onset

Other contributory causes of importance:

Senility.

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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?

If so, specify

(Signed)

J. J. Ferguson
M.D.

(Address)

Springfield, Missouri.

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 Geo

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Lotoolin Gorman

Licensed Embalmer No.....

3177

P. O. Address.....

Springfield

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 this body is not embalmed, above space should be left blank.