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

REC'D AUG 24 1938

25501
Do not use this space.

1. PLACE OF DEATH
(a) County Iron — Registration District No. 391
(b) Township Arcadia — Primary Registration District No. 5546a — Registered No. 49
(c) City — (d) Street No. On Highway #70 4 miles east of Ironton
(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 George William Hannawalt
(a) Residence, No. Labadie Mo 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: M
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: Mable Hannawalt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 10 1885

7. AGE: Years 52 — Months 11 — Days 18 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Carpenter
9. Industry or business in which work was done, as saw mill, bank, etc.: Unemployed
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

FATHER
13. NAME: James Hannawalt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

MOTHER
15. MAIDEN NAME: Fannie Walker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Mable Hannawalt, Labadie Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Labadie Mo DATE: 7/29/38, 19

19. FUNERAL DIRECTOR (ADDRESS): White & Sons, Ironton Mo

20. FILED: Aug 4 1938 — R a Rauch, Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw him alive on ..., 19... Death is said to have occurred on the date stated above, at 10:00A.M
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of cervical verte-	
vertebra and fracture of skull	

Other contributory causes of importance:
Fracture of chest

Name of operation: none — Date of:
What test confirmed diagnosis? none — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident — Date of injury 7-28, 1938
Where did injury occur? on highway near Ironton, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: automobile accident
Nature of injury: fractured skull, fractured cerv. vertebra.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) George Gay, M.D., M. D.
(Address) Ironton, Missouri

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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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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.)

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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23-S-01
Do not use this space.

1. PLACE OF DEATH
(a) County: Iron — Registration District No.: 391
(b) Township: Arcadia — Primary Registration District No.: 3546A — Registered No.: 49
(c) City: ..... (d) Street No.: ..... 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: George William Hammawalt
(a) Residence, No. ..... 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): M

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
32	11	18	

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.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE ....., 19..

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED ....., 19.. .....
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.., to ....., 19..
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of cervical vertebra and fracture of skull	

Other contributory causes of importance:
Fracture of chest

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 7-26, 19 38
Where did injury occur? St. Highway near Ironton Iron, County (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: automobile accident
Nature of injury: Collision with fixed object.

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) George Gay, M. D.
(Address) Ironton Mo

SUPPLEMENTAL

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.

IMPORTANT: SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.