

AUG 9 1939

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

25370

Do not use this space.

1. PLACE OF DEATH

(a) County Christian Registration District No. 182
(b) Township Lincoln Primary Registration District No. 5252
(c) or 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

David Hanafin
(a) Residence, No. Clever, Mo. R#1 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 Male 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 Stakie Hanafin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 21 - 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71 4 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer
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) Kansas13. NAME James Hanafin?14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown15. MAIDEN NAME Jane Reed16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT (ADDRESS) Leonard Hanafin
Billings, Mo. R#118. BURIAL, CREMATION, OR REMOVAL PLACE St. Carmel cem DATE July 12 - 3919. FUNERAL DIRECTOR (NAME) (ADDRESS) T.W. Maples
Clever, Mo.20. FILED July 14, 1939 Hetta Hicks
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11 - 193922. I HEREBY CERTIFY, That I attended deceased from Aug, 1937, to July 11, 1939

I last saw him alive on July 11, 1939. Death is said to have occurred on the date stated above, at 11:45 PM.
The principal cause of death and related causes of importance were as follows:

Hypertrophy of Heart
with Hypochloras
Date of onset

Other contributory causes of importance: as above

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? _____ 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) J.F. Wade, M. D.168 (Address) Asark Mo.

RECEIVED

District Health Officer No. 6,

District File Number 839-1495

Date Filed AUG 7 1939

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.....

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.