

REC'D SEP 21 1939

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

29995

Do not use this space.

1. PLACE OF DEATH

(a) County Putnam Registration District No. 722
 (b) Township Union Primary Registration District No. 5963 Registered No. 3
 (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

540 HADEM-Edward I HANEL
 (a) Residence, No. 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 <u>M.</u> | 4. COLOR OR RACE <u>W.</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M.</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Martha M.</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May-18-1862</u> | | |
| 7. AGE | YEARS <u>77</u> | MONTHS <u>3</u> |
| | DAYS <u>15</u> | IF LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u> | 11. Total time (years) spent in this occupation <u>Life</u> |
| | 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) | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u> | | |
| FATHER | 13. NAME <u>John T. Hanel</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>East Prussia</u> | |
| MOTHER | 15. MAIDEN NAME <u>Marie S. Schultz</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Berlin Germany-Prussia</u> | |
| 17. INFORMANT (ADDRESS) <u>Mrs Martha M. Hanel Unionville, Mo</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Thompson Co</u> | DATE <u>Aug 25, 1939</u> | <u>Buried</u> |
| 19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>F. O. Wustel Unionville, Mo</u> | | |
| 20. FILED <u>Sept 12, 19</u> | <u>W. M. Hill</u> Local Registrar. | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1939 to July 23, 1939
 I last saw him alive on Aug 23, 1939 Death is said to have occurred on the date stated above, at 9:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Cancer and other malignant tumors of neck, involving cervical glands of neck
 Date of onset 9

Other contributory causes of importance: 52

Name of operation Date of
 What test confirmed diagnosis clinical 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) H. W. Gilliam, M. D.
 Address Unionville, Mo

(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.

RECEIVED

District Health Officer No. 10

District File Number 9-39-1628

Date Filed SEP 13 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.

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