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.

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

40411
Do not use this space.

1. PLACE OF DEATH

(a) County Nodaway 2 — Registration District No. 625-
(b) Township Polk 1 — Primary Registration District No. 3631 — Registered No. 149
(c) City Maryville, (d) Street No. 525 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 Joseph Hansen

(a) Residence, No. 404 E. 7th 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Mary Hansen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 31 1872

7. AGE — Years: 67 — Months: 2 — Days: 14 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Cigar Manufacturer
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): Maryville, Mo.

FATHER
13. NAME: John Hansen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): France

MOTHER
15. MAIDEN NAME: Mary Holzmacher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT: Wm. F. Hansen
(ADDRESS) Maryville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Mary's DATE Nov. 17 1939

19. FUNERAL DIRECTOR (NAME) Cummins Furn. Co.
(ADDRESS) Maryville, Mo.

20. FILED 11-18 1939 Marie E. Clardy
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 15 1939

22. I HEREBY CERTIFY, That I attended deceased from November 14 1939, to November 15 1939
I last saw h... alive on November 15 1939 Death is said to have occurred on the date stated above, at 6:10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11/3/39
Cerebral Concussion	11/3/39

Other contributory causes of importance:

Arteriosclerosis	-
Hypertension	-

Name of operation none Date of operation
What test confirmed diagnosis? Spinal Tap 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 11/3 1939
Where did injury occur? Barnard, Nodaway Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Home
Manner of injury Hit stone - hit head on concrete
Nature of injury Cerebral Concussion

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

(Signed) William Galeotis M. D.
(Address) 115½ West Third Maryville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 J B Cummins

Licensed Embalmer No. 1675

P. O. Address Maryville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

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