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

FILED MAR 11 1940

6057
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan 2
(b) Township Washington 8
or
(c) City St. Joseph
Registration District No. 86
Primary Registration District No. 5127
Registered No. 232
(d) Street No. Route # 6 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 James Sanford Hanes
(a) Residence, No. Route # 6 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): Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary A. Hanes
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 5, 1867
7. AGE: YEARS 73 | MONTHS 0 | DAYS 23 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as saw mill, bank, etc.: Swift & Co.
10. Date deceased last worked at this occupation (month and year): Nov. 1937
11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Argas Indiana 1

FATHER
13. NAME: Charles Hanes 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ohio 6

MOTHER
15. MAIDEN NAME: Unknown 1
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): Mrs. William Metz Route # 6, St. Joseph, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Odd Fellows Cem. DATE: March 1, 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Clark Mortuary 5025 King Hill Ave.
20. FILED 2/28, 1940 H J Nestlebush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28, 1940, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1940, to Feb. 28, 1940
I last saw him alive on Feb. 27, 1940. Death is said to have occurred on the date stated above, at 8:45 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	?
Auricular Fibrillation	
2	
0	

Other contributory causes of importance:
Hypertensive arteriosclerotic cardio-vascular renal disease

Name of operation: none 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) C. S. Grant, M. D.
85 (Address) 6207 King Hill Ave St. Joseph, 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.

50M-9-19-38 1 X16605

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~~ Feb. 28, 1940

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Eeare A. Clark

Licensed Embalmer No. 3476

P. O. Address St. Joseph, Mo.

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.