

Registration District No. 427 Primary Registration District No. 5383

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Holden Rural King
(c) Name of hospital or institution: ✓
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community About 4 yrs.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson
(c) City or town Holden Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Southeast of Holden 5 1/2 Miles
(If rural, give location)
(e) If foreign born, how long in U. S. A. ✓ years.

3. (a) PRINT FULL NAME Maranda Hanks 523
(b) If veteran, name war ✓
(c) Social Security No. ✓
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive 27 years (Day) (Year) 1868

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 14th
year 1940 hour 11:00 minute AM
21. I hereby certify that I attended the deceased from March 12, 1940, to March 14, 1940
that I last saw her alive on March 13, 1940
and that death occurred on the date and hour stated above.
Immediate cause of death Bronchio Pneumonia Duration 7 days

8. AGE: Years 72 Months 1 Days 15 If less than one day br. min.
9. Birthplace Clinton County Missouri
(City, town, or county) (State or foreign country)

Due to 107W
Due to _____
Other conditions Gen Arteriosclerosis
(Include pregnancy within 3 months of death)

10. Usual occupation at Home
11. Industry or business _____
12. Name G. M. Hanks
13. Birthplace Clinton County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary M. Nash
15. Birthplace Clay County Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant's own signature _____
(b) Address Sweden mo.
17. (a) Burial (b) Date thereof Mar 16 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Medford Cemetery
18. (a) Signature of funeral director T. M. Grodman
(b) Address Holden mo
19. (a) Mar 15, 1940 (b) Mrs G. V. Redford
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____
Of autopsy _____
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 308
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Kelly Rawlins (M. D. or other) 1
Address Holden mo Date signed 3/15/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39
1 X1051

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-11-40

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.