

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22411

State File No. _____

Registrar's No. 76

Registration District No. 625 Primary Registration District No. 3031

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway
(c) City or town Rural Pickering
(If outside city or town limits, write "RURAL")
(d) Street No. #3 1/2 Miles S.E. Pickering
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
year 1940 hour 12 minute 30A M.

21. I hereby certify that I attended the deceased from June 5
1940, 19____, to June 12, 1940
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Tetanus
Due to Infectious Splinter
in foot
Due to _____

Duration
4 hr
12 days

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically

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?
Home

While at work? _____ (Specify type of place)
Means of injury Splinter
28. Signature B. J. [unclear] (M. D. or other) _____
Address Burlington, Mo Date signed 6/15/40

3. (a) PRINT FULL NAME Opal Charlene Hanna 5111

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased June 30 1932
(Month) (Day) (Year)

8. AGE: Years 8 Months _____ Days 16 If less than one day
hr. _____ min.

9. Birthplace Nodaway Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation School girl.

11. Industry or business _____

12. Name Henry Edison Hanna

13. Birthplace Nodaway Co., Mo.

14. Maiden name Benrice Vesta Hollenbeck

15. Birthplace Nodaway Co., Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Henry Edison Hanna

(b) Address Pickering Mo.

17. (a) Burial (b) Date thereof June 15, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Price Funeral Home

(b) Address Maryville Mo.

19. (a) June 16, 1940 (b) Mamie E. Clardy
(Date received local registrar) (Registrar's signature)

556 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District No. 11;
District File No. 740-1243
Date Filed JUL 15 1940

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 *John W. Price*
Licensed Embalmer No. *3229*
P. O. Address *Maryville 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.