No. 2
11-10-39
6-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29064

SEP 23 1940

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. 245

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Levering Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days (Specify whether years, months or days)

In this community 2 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe

(c) City or town Rural; ~~City R.F.D.~~ (If outside city or town limits, write "RURAL")

(d) Street No. Monroe City R.F.D. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Ella Neece Hanson 525

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased December 29 1865 (Month) (Day) (Year)

8. AGE: Years 74 Months 7 Days 25 If less than one day ..... hr. ..... min.

9. Birthplace Brookfield (City, town, or county) Missouri (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

MOTHER FATHER

12. Name Beverly Neece

13. Birthplace ..... (City, town, or county) Kentucky (State or foreign country)

14. Maiden name Sarah Mc Cormick

15. Birthplace ..... (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Geo Hanson

(b) Address Monroe City Mo.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Aug. 25, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory: St Louis

18. (a) Signature of funeral director Nilson & Son.

(b) Address Monroe City Mo

19. (a) Aug 24 1940 (Date received local registrar) (b) W C Fisher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23 year 1940 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from August 21st, 1940, to August 23, 1940, that I last saw he alive on August 22, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Interstitial Nephritis	14 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Chronic Arthritis	20 yr

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) No

(b) Date of occurrence None

(c) Where did injury occur? None (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature John H Hutton (M. D.)

Address Monroe City Mo Date signed 8/23/40

(Licensed Embalmer's Statement on Reverse Side)

MAR 27 1944

MAR 1944

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 Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City Mo

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

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