NOV 13 1940

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

35093
Do not use this space.

1. PLACE OF DEATH
(a) County Clay — Registration District No. 198
(b) Township Fishing River — Primary Registration District No. 3011 — Registered No. 163
(c) City Excelsior Springs, Mo. (d) Street No. Veterans Administration Facility 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. 1 mos. 11 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Edward A. Hannum
(a) Residence, No. 401 Union St., Macon, Mo. St. Macon, Mo.
(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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(or) WIFE of~~ Dora Hannum

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 26, 1876

7. AGE: Years 63 — Months 11 — Days 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Theater Business
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) unknown
11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper County Missouri

FATHER
13. NAME Phillip Hannum
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

MOTHER
15. MAIDEN NAME Catherine Van Pelt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Ohio

17. INFORMANT (ADDRESS) Hospital Records

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Macon, Missouri DATE 10-29-40 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Claude Prichard Excelsior Springs, Mo. 186

20. FILED Oct 29 1940 Mrs Ra McCracken
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 29, 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept. 18, 1940, to October 29, 1940
I last saw him alive on October 29, 1940. Death is said to have occurred on the date stated above, at 12:45 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, urinary bladder,	

Other contributory causes of importance:
Calculus, massive, right kidney

*Operation done at Veterans Adm. Hines, Ill.
Name of operation Cystotomy* Date of 7-3-40
What test confirmed diagnosis? Exam. and observation 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? Unknown
If so, specify
(Signed) W. A. GERMAN, M.D., Clinical Director M.D.
(Address) Veterans Administration Facility Excelsior Springs, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 11-13-40

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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, Bob Ray, or by

Registered Apprentice No. 226, working under my personal supervision.

Signed Claude Prichard

Licensed Embalmer No. 2751

P. O. Address Excelsior Springs

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.