No. 2
-13-40
17-39
X23159

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

FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2382

Registration District No. 5-3-3-4 4147

Primary Registration District No. 241

Registrar's No. 1268

1. PLACE OF DEATH:
(a) County Dallas
(b) City or town Buffalo (If outside city or town limits, write "RURAL" and name of township)
(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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Dallas 30
(c) City or town Buffalo (If outside city or town limits, write "RURAL") 3
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mary Hanley

3. (b) If veteran, name war
3. (c) Social Security No.

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

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

7. Birth date of deceased Nov. (Month) 4 (Day) 1856 (Year)

8. AGE: Years	Months	Days	If less than one day
84	2	14	hr. min.

9. Birthplace Pittsburg (City, town, or county) Pa. (State or foreign country)
10. Usual occupation House Keeper
11. Industry or business

MOTHER FATHER
12. Name Michael Hanley
13. Birthplace Ireland (City, town, or county) (State or foreign country)
14. Maiden name Mc Rowen
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant J. W. Hanley
(b) Address Buffalo Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-19-41 (Month) (Day) (Year)
(c) Place: burial or cremation Prairie Grove
18. (a) Signature of funeral director L. Bloomer
(b) Address Buffalo Mo 214
19. (a) 1/20 41 (Date received local registrar) (b) Nancy Moore (Registrar's signature) 210

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 18
year 1941 hour 8 minute 30 a M.
21. I hereby certify that I attended the deceased from 1-1-41, 19, to 1-18, 1941; that I last saw he alive on 1-17-41, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia	3ds
Due to Influenza	17ds
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy Non	

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? (Specify type of place)
While at work (e) Means of injury

23. Signature G. L. Bloomer (M. D. ~~or other~~) D
Address Buffalo Mo Date signed 1-27-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 2-41-294
Date Filed 2-10-41

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 Clyde Montgomery

Licensed Embalmer No. 3293

P. O. Address Buffalo 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, fact should be so stated above.