

2
3-40
7-39
X23189

APR 3 1941
Registration District No. 427

Primary Registration District No. 4253

State File No. _____
Registrar's No. 10

1. PLACE OF DEATH:
(a) County: Johnson
(b) City or town: Holden Madison
(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 _____
In this community: 79 years 1 (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Samuel McDonald Hanna
3. (b) If veteran, name war: _____
3. (c) Social Security No.: _____

4. Sex: Male 5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Olive L. Hanna
6. (c) Age of husband or wife if alive: 71 years
7. Birth date of deceased: Feb 2 1862
(Month) (Day) (Year)

8. AGE: Years: 79 Months: 1 Days: 8
If less than one day: _____ hr. _____ min.

9. Birthplace: Johnson County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: _____

MOTHER FATHER { 12. Name: Anderson Hanna
13. Birthplace: Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Olive L. Hanna
(b) Address: Holden Mo

17. (a) Burial (b) Date thereof: Mar 13-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Bear Creek Cemetery

18. (a) Signature of funeral director: S. McDonald Hanna
(b) Address: Holden Mo

19. (a) Mar 12, 1941 (b) Mrs. H. V. Redford
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Johnson 31
(c) City or town: Holden 0
(If outside city or town limits, write "RURAL")
(d) Street No.: 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Mar day: 11
year: 1941 hour: 1 minute: 20 P. M.

21. I hereby certify that I attended the deceased from Jan 11, 1941, to March 11, 1941; that I last saw him alive on March 11, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis

Due to: _____
Due to: _____

Other conditions: Arteriosclerosis
(Include pregnancy within 3 months of death)

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? _____

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

23. Signature: Kelly Rawlin (M. D. or other) P
Address: Holden Mo Date signed: 3/12/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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..... *Samuel B. Ropp*

Licensed Embalmer No. *4044*

P. O. Address..... *Holden, 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, fact should be so stated above.