No. 2
4-13-40
7-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 27 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34157

Registration District No. 2 | Primary Registration District No. 204 | Registrar's No. 4

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

1. PLACE OF DEATH:
(a) County: ANDREW
(b) City or town: FILLMORE Twp Mo
(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 years, months or days)
In this community: ALL HIS LIFE

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

3. (a) PRINT FULL NAME: JOHN HILLERY HANNER.
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: WIDOWER
6. (b) Name of husband or wife: MRS. MARY HANNER
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: DEC (Month) 11 (Day) 1866 (Year)

8. AGE: Years	Months	Days	If less than one day
74	9	10	..... hr. ..... min.

9. Birthplace: FILLMORE (City, town, or county) MO (State or foreign country)
10. Usual occupation: PAINTER
11. Industry or business:
FATHER 12. Name: ALEXANDER HANNER
FATHER 13. Birthplace: UNKNOWN (City, town, or county) UNKNOWN (State or foreign country)
MOTHER 14. Maiden name: MARTHA BERRY
MOTHER 15. Birthplace: UNKNOWN (City, town, or county) UNKNOWN (State or foreign country)
16. (a) Informant: Earl A Hanner
(b) Address: R.F.D. 1 St Joseph Mo
17. (a) FILLMORE (Burial, cremation, or removal) (b) Date thereof: 9-23-41 (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director: J. Fred Terhune
(b) Address: Sum Ransom Mo
19. (a) Oct 23 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 21 year 1941 hour 11:25 minute a M.
21. I hereby certify that I attended the deceased from 9/20/41, 19..., to 9/21/41, 19...; that I last saw him alive on 9/21/41, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Embolus	24 hr
Due to: Perforating Gastric Ulcer	48 hr
Due to:	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: Clifford L Hudlow (M. D. or other) DO
Address: Fillmore Mo Date signed 9/22/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 1279

P. O. Address Savannah

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.