

FILED DEC 10 1941
Registration District No. 673

Primary Registration District No. 6762

State File No. _____

Registrar's No. 332

1. PLACE OF DEATH:

(a) County Union
(b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hosp #3 Nevada, Mo
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community 16 yrs 29 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin Mo
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25th
year 1941 hour 11 minute 30 A.M.
21. I hereby certify that I attended the deceased from Sept 1
1941 to November 25 1941
that I last saw him alive on November 24 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Cerebral Arteriosclerosis
Duration 9 days

Other conditions (Include pregnancy within 3 months of death) 130
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?

3. (a) PRINT FULL NAME

Charles Hiram Hannon

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widower

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

7. Birth date of deceased February 22 1866
(Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days 3 If less than one day hr. _____ min. _____

9. Birthplace Grinnell, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business _____

12. Name Robert F. Hannon

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

14. Maiden name Catherine Cook

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

16. (a) Informant State Hosp Records

(b) Address Nevada, Mo

17. (a) Burial (b) Date thereof 11-27-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lawrence Cemetery

18. (a) Signature of funeral director Josephine V. Hannon

(b) Address _____

19. (a) 11-25-41 (b) J. Miller
(Date received local registrar) (Registrar's signature)

23. Signature B. N. Jolly (M. D. or other) J.M.D.
Address State Hosp #3 Nevada, Mo Date signed 11/25/41

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

8000

RECEIVED

District Health Officer No. 7,

District File Number 12-41-1992

Date Filed 12-8-41

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 J. T. Anderson

Licensed Embalmer No. 2142

P. O. Address Joplin, 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, above space should be left blank.