

FILED APR 23 1942

Registration District No. 942 Primary Registration District No. 1001

011
1
7
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Buchanan

(a) County Buchanan

(b) City or town St. Joseph.

(c) Name of hospital or institution: 3724 Terrace Avenue 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Not (Specify whether years, months or days) 50 years

3. (a) PRINT FULL NAME Sarah Nellie Hanna

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed 2 divorced widowed

6. (b) Name of husband or wife Harry S. Hanna 6. (c) Age of husband or wife if alive years 23 1872

7. Birth date of deceased November 23 1872 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

69 4 13 hr. min.

9. Birthplace Oregon Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Theodore P. Way

13. Birthplace Salem Henry Co. Iowa (City, town, or county) (State or foreign country)

14. Maiden name Hannah M. Howard

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

16. (a) Informant Mrs. T. P. Doan

(b) Address 3724 Terrace Ave. St. Joseph, Mo.

17. (a) Burial (b) Date thereof 4-8-1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1302 Faraon St. St. Joseph, Mo.

19. (a) April 8-42 (b) Rae Hertzog (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 011

(a) State Missouri (b) County Buchanan 1

(c) City or town St. Joseph 7
(If outside city or town limits, write "RURAL")

(d) Street No. 3724 Terrace Avenue.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month - April day 6th.
year 1942 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from April 5 1942 to April 8 1942
that I last saw her alive on April 5 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulver pneumonia -

Due to:

Due to:

Other condition: Ch. Bronch (Include pregnancy within 3 months of death)

Major findings: Of operations 926
Of autopsy:

Duration -
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?

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

23. Signature: [Signature] (M. D. or other)
Address: 626 Spruce Date signed: 4/9/42

Dr. Heringer

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 _____

Apr 6 - 1942

Registered Apprentice No. _____

working under my personal supervision.

Signed: Geo E Daniel

Licensed Embalmer No. 3300 Missouri

P. O. Address St. Joseph, Missouri

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.