

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH:

(a) County Rolla  
 (b) City or town Rural  
 (c) Name of hospital or institution: ✓  
 (If outside city or town limits, write "RURAL" and name of township)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Rolla  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. N. E. of Vandavia Mo.  
 (If rural, give location)  
 (e) If foreign born, born \_\_\_\_\_ A. 7 \_\_\_\_\_ years.

3. (a) PRINT FULL NAME John Forest Hanson  
 8. (b) If veteran, name war no 8. (c) Social Security No. no  
 4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Ethel 6. (c) Age of husband or wife if alive 57 years  
May Hanson 4 1870  
 7. Birth date of deceased (Month) (Day) (Year)

20. DATE OF DEATH: Month March day 17 year 1942 hour 5 minute 30 A.M.  
 21. I hereby certify that I attended the deceased from March 16, 1942, to March 17, 1942 that I last saw him, alive on March 16, 1942 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
66 9 13 hr. \_\_\_\_\_ min.  
 9. Birthplace Pike Co. Mo.  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation farmer

Immediate cause of death  
Cerebral Hemorrhage Duration 1 day  
 Due to Cerebral Embolism 3 day  
 Due to (Vascular) Hypertension 2 yrs  
 Other conditions (Include pregnancy within 3 months of death)  
 Major findings: Of operations 830  
 Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
 12. Name Peter Hanson  
 13. Birthplace Stockholm Sweden  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Elybeth Hanson  
 15. Birthplace Audrain Co. Mo.  
 (City, town, or county) (State or foreign country)  
 16. (a) Informant's own signature Ethel M. Hanson  
 (b) Address Vandavia Mo.  
 17. (a) Rural (b) Date thereof 3-19-1942  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Cornrod Cemetery  
 18. (a) Signature of funeral director Ernest B. Anderson  
 (b) Address Bowling Green Mo.  
 19. (a) 3-30-1942 (b) Miss Frank Hardy  
 (Date received local registrar) (Registrar's signature)

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 Dr. R. Marshall (M. D. or other) Dr.  
 Address Vandavia Mo. Date signed 3-20-42

RECEIVED

District Health Officer No. 10

District File Number 8-13-836

Date Filed APR 13 1942

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 Grace Bankhead

Licensed Embalmer No. 2204

P. O. Address Bowling Green Pa

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.

*C*

STANDARD CERTIFICATE OF DEATH

State File No. 11728

Registration District No. 684725

Primary Registration District No. 59125960 &

Registrar's No.

1. PLACE OF DEATH

(a) County Balls

(b) City or town Punatah Jasper Twp  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural (Jasper Twp)  
(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 Ralls

(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Forest Hanson

3. (b) If veteran, name was \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day \_\_\_\_\_ year 1942 hour \_\_\_\_\_ minute 30 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; that I saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death: \_\_\_\_\_

4. Sex M race W

5. Color or \_\_\_\_\_

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife May

6. (c) Age of husband or wife if alive 5 1/2 years

7. Birth date of deceased: June 4 (Month) (Day) (Year) 1875

Due to Cerebral Hemorrhage 1 da.

Due to Cerebral Embolism 2 da.

Due to (Vascular) Hypertension 2 yrs.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

8. AGE: Years 66 Months 9 Days 10 (If less than one day \_\_\_\_\_ min.)

9. Birthplace: Pike, Mo (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry of business \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Peter Hanson

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

14. Maiden name Elizabeth Irwin

15. Birthplace Andrew Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant Ethel M Hanson

(b) Address Vandalia Mo.

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concord Cemetery

18. (a) Signature of funeral director Gray Bamhead

(b) Address Bowling Green, Mo.

19. (a) 3-30-42 (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_ (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed \_\_\_\_\_

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SUPPLEMENTARY

11728