

13911

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 21 1942 5
Registration District No. _____

Primary Registration District No. 3009

Registrar's No. 129

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Southeast Mo. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

In this community 2 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau, Mo.

(c) City or town Fruitland, 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. 1 years.

3. (a) PRINT FULL NAME Wm. William Hansel

3. (b) If veteran, name war _____

3. (c) Social Security No. 490-05-6227

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1942 hour 11 minute 50 M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Etha Wallace Hansel

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased May 6 1882
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 1930 to April 27 1942
that I last saw him alive on April 27 1942
and that death occurred on the date and hour stated above.

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

<u>59</u>	<u>11</u>	<u>21</u>	hr. _____ min. _____
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Immediate cause of death Arteriosclerosis
Duration 8 yrs

9. Birthplace Cape Girardeau Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

Due to Heart Failure

Due to _____

11. Industry or business _____

MOTHER FATHER { 12. Name John R. Hansel

13. Birthplace Cape Girardeau Co Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Julia C. Nations

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

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

16. (a) Informant's own signature Wm. Hansel

(b) Address Delmo, Mo.

17. (a) Burial (b) Date thereof April 29, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Apple Creek

18. (a) Signature of funeral director Walter Statter Seaburg

(b) Address W. Seaburg 240

19. (a) 4-30-1942 (b) G. W. Phelps
(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 W. L. Seaburg (M. D. or other) _____

Address Jefferson Mo Date signed 4-25-42

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.

FORM 5-17-39
REVISED 1-1-41

RECEIVED

District Health Officer No. 4

District File Number 542-694

Date Filed 9-19-42

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 Glenn Wilson

Licensed Embalmer No. 2828

P. O. Address Jackson 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.