S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15399

FILED MAY 21 1942

Registration District No. 173 Primary Registration District No. 4464 Registrar's No. 38

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

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington Town
(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 Private Home (Specify whether
In this community two months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne 111

(c) City or town Piedmont 1
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME Delmar Robert Hanners

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of ~~husband~~ or wife Mildred Hanners

6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased Nov. (Month) 29 (Day) 1916 (Year)

8. AGE: Years 25 Months 4 Days 24 If less than one day hr. min.

9. Birthplace Bollinger Co (City, town, or county) Omo. (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Ben Franklin Store Mgr.

FATHER
12. Name Leo Robert Hanners
13. Birthplace Bollinger Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Cora May Clifton
15. Birthplace Perry Co (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mr. L. R. Hanners
(b) Address Flat River Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 25 1942 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ St. Francois Memorial Cemetery

18. (a) Signature of funeral director William Coder
(b) Address Piedmont, Missouri

19. (a) 4-25-42 (Date received local registrar) (b) Byrdie S. Buhrmester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day Twenty Third year 1942 hour 3 minute 10 A.M.

21. I hereby certify that I attended the deceased from March 30, 1942, to April 23, 1942; that I last saw him alive on April 23, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Lymphatic Leukemia

Due to Same

Due to

Other conditions
(Include pregnancy within 3 months of death) 74a

Major findings:
Of operations

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?
(Specify type of place)

While at work? (e) Means of injury /

23. Signature Paul T. Burks (M. D. or other) D.C.

Address Farmington Mo Date signed 4-24-42

1194

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 542-576
Date Filed 5-12-42

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 William Coder

Licensed Embalmer No. 3723

P. O. Address Piedmont, 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, fact should be so stated above.