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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 21741

Registration District No. 347

Primary Registration District No. 3029

Registrar's No. 153

64  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution Levering  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 months  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

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

(d) Street No. 502 North Hayden  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? 0 years.

3. (a) PRINT FULL NAME Daniel Hardy Hafner

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 491-14-1336

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 3 Divorced

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

7. Birth date of deceased May 21, 1962  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	80		16	_____ hr. _____ min.

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

10. Usual occupation Wholesale Grocery

11. Industry or business Hafner Grocer Company

12. Name Daniel L. Hafner

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

14. Maiden name Mary Ann Hardy

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

16. (a) Informant D.H. Hafner Jr.

(b) Address Hannibal Missouri

17. (a) Burial (b) Date thereof 6/10/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olivet

18. (a) Signature of funeral director Wm. M. Smith

(b) Address Hannibal Missouri

19. (a) 6-12-42 (b) R. W. Connor  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7 year 1942 hour 11 minute 35 P.M.

21. I hereby certify that I attended the deceased from Jan 7 1942 to 6-7 1942 that I last saw him alive on 6-7 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral arterio-sclerosis  
Coronary sclerosis  
Senility

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

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

22. If death was due to external causes, fill in the following: no

(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? \_\_\_\_\_

23. Signature Francis J. Redick (M. D. or other) MD  
Address Summit Mo Date signed 6-10-42

Duration  
5 mo.  
5 mo.  
5 mo.

PHYSICIAN  
97  
Underline the cause to which death should be charged statistically.

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**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 James A. Mols  
Licensed Embalmer No. 3296

P. O. Address Hannibal 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.**