

1. PLACE OF DEATH:

(a) County Pike
 (b) City or town Douglas, Tenn
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 30 yrs (Specify whether years, months or days)
 In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pike 91
 (c) City or town Rural 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1 Mi South 1/2 mi East of 0
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5
 year 1942 hour 4 minute 30 A.M.
 21. I hereby certify that I attended the deceased from Feb. 3 - 42
19 to Feb. 5 - 1942
 that I last saw him alive on Feb. 5 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pulmonary T.B.
 Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death)
13 ft

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

23. Signature J. E. Williams (M. D. or other)
 Address Douglas Date signed _____

3. (a) PRINT FULL NAME John C. Hanners
 3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Elsie Hanners 6. (c) Age of husband or wife if alive 50 years
 7. Birth date of deceased March 6 1874
 (Month) (Day) (Year)

8. AGE: Years 67 Months 10 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Reynolds County Mo. (City, town, or county) (State or foreign country)

10. Usual occupation farming

11. Industry or business _____

12. Name Clayburn Hanners

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

14. Maiden name Lucinda Mann

15. Birthplace Reynolds County Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Franklin Hanners

(b) Address Douglas Mo.

17. (a) Rural (b) Date thereof Feb. 6 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chestnut cent.

18. (a) Signature of funeral director Blackley Mortuary

(b) Address Douglas Mo.

19. (a) 3/7/42 (b) J. E. Williams
 (Date received local registrar) (Registrar's signature)

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

71
1
0

RECEIVED

District Health Officer No. 8,

District File Number

7425-10-

Date Filed

8-10-42-

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

Leslie D. Russell

Licensed Embalmer No.

3855

P. O. Address

Coaling ark

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.