

Registration District No. 225

Primary Registration District No. 6941

1. PLACE OF DEATH
(a) County Sheep
(b) City or town Central Miller
(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 _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Sheep
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route 2
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward W. Hansen
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Laura Hansen 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 17, 1872
(Month) (Day) (Year)

8. AGE: Years 69 Months 8 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name Edward Hansen
13. Birthplace M. Y.
(City, town, or county) (State or foreign country)
14. Maiden name Elsie Kalick
15. Birthplace M. Y.
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Hansen
(b) Address Route 2, Sheep

17. (a) Rural (b) Date thereof Apr 1, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Camp Green

18. (a) Signature of funeral director W. J. Stow
(b) Address Route 2, Sheep

19. (a) 9-1-42 (b) J. C. Walker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30 year 1942 hour 4 minute _____ P. M.
21. I hereby certify that I attended the deceased from Aug 29, 1942 to Aug 30, 1942
that I last saw him alive on Aug 30, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction Duration 24 hrs.
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 12 2 1/2
Of operations _____
Of autopsy _____

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 E. E. Stain (M.D. or other) _____
Address Route no. 2, Sheep Date signed 9-1-42

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

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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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed S. P. Nance

Licensed Embalmer No. 3394

P. O. Address Reels, 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.