

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

1. PLACE OF DEATH:

(a) County MISSISSIPPI
(b) City or town CHARLESTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
COUNTY FARM 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days) 5 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MISSISSIPPI
(c) City or town CHARLESTON
(If outside city or town limits, write "RURAL")
(d) Street No. COUNTY FARM
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country NONE

3. (a) PRINT FULL NAME CHARLIE HANNA

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased YEAR OF 1970
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
ABOUT 72 — — — hr. — min.

9. Birthplace STATE OF ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business FARMER

MOTHER FATHER
12. Name N K
13. Birthplace N K 9
(City, town, or county) (State or foreign country)
14. Maiden name N K
15. Birthplace N K 9
(City, town, or county) (State or foreign country)

16. (a) Informant F. S. VERNON
(b) Address CHARLESTON, MO

17. (a) BURIAL (b) Date thereof 10-20-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation DAK GROVE CHARLESTON, MO

18. (a) Signature of funeral director John F. Mummolo
(b) Address CHARLESTON, MO
19. (a) 10/30/42 (b) D. S. Moore
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 20TH
year 1942 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from October 6th, 1942, to Oct 20th, 1942 that I last saw him alive on October 17th, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis
Senility
Due to Hypertension
Due to Chronic nephritis
Senility
Other conditions (Include pregnancy within 3 months of death)
131 lb

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) (7) Means of injury.....
23. Signature Frank J. Vernon (M. D. or other)
Address Charleston Mo Date signed.....

RECEIVED
District Health Office No. 2,
District File Number 1142-1401
Date Filed 11-5-42

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.

Not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.