

No. 2
1-13-40
-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40374

State File No. _____

FILED JAN - 8 1942

Registration District No. 77

Primary Registration District No. 3009

Registrar's No. 384

4
1
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Callaway
 (a) County Fulton
 (b) City or town _____
 (c) Name of hospital or institution: State Hosp. #1
 (If not in hospital or institution, write street number or location) 2
 (d) Length of stay: In hospital or institution. Since Dec 7-1942
 In this community same
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME Ms. Will H. Hanna
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Will H. Hanna 6. (c) Age of husband or wife if alive 7 years
 7. Birth date of deceased Nov 15 1892
 (Month) (Day) (Year)

8. AGE: Years 50 Months 1 Days 0 If less than one day hr. _____ min. _____

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

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER
 12. Name Paul T. Hackley
 13. Birthplace Mo. D
 (City, town, or county) (State or foreign country)
 14. Maiden name Sarah F. Smith
 15. Birthplace Mo. D
 (City, town, or county) (State or foreign country)

16. (a) Informant Hosp. record

(b) Address _____

17. (a) Fayette Mo. (b) Date thereof 12-17-42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dayton Cemetery

18. (a) Signature of funeral director Paul T. Hackley

(b) Address Fayette Mo.

19. (a) 12-15-42 (b) Josie Morand Kloff
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Howard 14
 (c) City or town Fayette 1
 (If outside city or town limits, write "RURAL") 2
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? D years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15
 year 1942 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 7, 1942, to Dec 15, 1942
 that I last saw him alive on Dec 15, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Coma
 Due to Diabetes mellitus

Due to _____
 Other conditions myel meningitis
 (Include pregnancy within 3 months of death)

Major findings: none
 Of operations 61
 Of autopsy none

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 K. E. Shinnell (M. D. or other)
 Address Clinton Mo Date signed 12-15-42

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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.....

Raymond A. Carr
.....
Licensed Embalmer No. *3340*

P. O. Address.....

Daytone 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.