

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 19 1942

Registration District No. 5217

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5217

State File No. 40444

Registrar's No. 162

1. PLACE OF DEATH:

- (a) County Cass
(b) City or town Rural - Harrisonville
(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 1 (Specify whether)

In this community 1 years, months or days

3. (a) PRINT FULL NAME Mrs Nora Hanley

3. (b) If veteran, V name war 1
3. (c) Social Security No. 1

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Jan 16 - 1863 (Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 23 If less than one day hr. 1 min. 1

9. Birthplace Heyworth Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Farming

12. Name Thomas Keating

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

14. Maiden name Mary Keating

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

16. (a) Informant John May Hanley

(b) Address Harrisonville Mo

17. (a) Burial (b) Date thereof 17 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Harrisonville Mo

18. (a) Signature of funeral director RUNNENBURGER'S

(b) Address HARRISONVILLE MO

19. (a) Dec 9, 1942 (b) Margaret Toller (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Cass
(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. 2 miles S.W. Harrisonville (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9 year 1942 hour 10 minute 59 M.

21. I hereby certify that I attended the deceased from Nov 2 - 42 that I last saw her alive on Dec 9 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis
Organic Heart Disease

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings of operations 95C

Of autopsy

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) (b) Means of injury

23. Signature J. H. Scott (M. D. or other)

Address Harrisonville Mo Date signed Dec 9 1942

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 _____

Ernest Rummelburger

Licensed Embalmer No. _____

3368

P. O. Address _____

Harrisonville 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, above space should be left blank: