

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **40935**

FILED JAN 15 1943  
Registration District No. **4**

Primary Registration District No. **5575**

Registrar's No. **54**

1. PLACE OF DEATH:

(a) County **Jackson,**  
(b) City or town **Hickman Mills, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Hickman Mills,**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **X**  
In this community **8 years,**  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson,**  
(c) City or town **Hickman Mills,**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Rural X**  
(If rural, give location)  
(e) Citizen of foreign country? **no.** (Yes or No)  
If yes, name country **X**

3. (a) PRINT FULL NAME **Frank J. Hanna, Sr.**

3. (b) If veteran, name war **no.** 3. (c) Social Security No. **no.**

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Addie Lee Hanna,** 6. (c) Age of husband or wife if alive **59** years  
7. Birth date of deceased **May 3 1875**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>67</b>	<b>6</b>	<b>19</b>	hr. min.

9. Birthplace **Kansas,** (City, town, or county) (State or foreign country)

10. Usual occupation **Cattle Buyer,**

11. Industry or business **X**

MOTHER FATHER { 12. Name **Allen P. Hanna,**  
13. Birthplace **Kentucky,** (City, town, or county) (State or foreign country)  
14. Maiden name **Unknown,**  
15. Birthplace **Kentucky,** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Addie Lee Hanna,**  
(b) Address **3806 Brooklyn, Kansas City, Mo.**

17. (a) **Burial** (b) Date thereof **11-24-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **Stine & McClure,**  
(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **Nov. 24-42** (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **22nd,**  
year **1942** hour **6:55** minute **A.** M.

21. I hereby certify that I attended the deceased from **Nov 21**  
**1942** to **Nov 22** 19**42**  
that I last saw him alive on **Nov 21** 19**42**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Other** Duration

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

Major findings:  
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?  
(Specify type of place) (e) Means of injury  
23. Signature **Dr. B. B. ...** (M. D. or other)  
Address **Marion City Mo.** Date signed **11-23-42**

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

48  
00

48

1152

Dr. Brainerd, Martin City, Mo.

*By [Signature]*

**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 *Leon J. Stewart*  
Licensed Embalmer No. *4177*  
P. O. Address *Kansas City, 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.