V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11266

Registration District No. 312 Primary Registration District No. 6056 Registrar's No. 6

1. PLACE OF DEATH:

(a) County St Clair

(b) City or town Rural Butler Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2 Mi N of Lowry City 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 50 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Clair 93 0

(c) City or town Rural Butler 0
(If outside city or town limits, write "RURAL")

(d) Street No. 2 Mi N of Lowry City
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME John B Hanna

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced single 0

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

7. Birth date of deceased Jan (Month) 29 (Day) 1857 (Year)

8. AGE: Years 86 Months 0 Days 20 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Ohio 1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name John M Hanna
13. Birthplace ..... (City, town, or county) Ohio 1 (State or foreign country)

MOTHER
14. Maiden name Mariah Stump
15. Birthplace ..... (City, town, or county) Ohio 1 (State or foreign country)

16. (a) Informant Mrs Wm Winter
(b) Address Lowry City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 (Month) 21 (Day) 43 (Year)
(c) Place: burial or cremation Park Grove

18. (a) Signature of funeral director Fred Wilkinson
(b) Address Clinton Mo

19. (a) 2-26-43 (Date received local registrar) (b) D. E. Lotz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19 year 1943 hour 2 minute 00 P. M.

21. I hereby certify that I attended the deceased from Jan 17, 1943 Feb 17, 1943, to Feb 19, 1943 that I last saw him alive on Feb 17, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to .....

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration

94 b

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)

While at work? ..... (e) Means of injury 0

23. Signature C. S. Stratton (M. D. ~~or other~~)

Address Lowry city Date signed 2/19 43

1127 Minnie Foster, Deputy (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
[illegible] Health Officer No. 7
District File Number 3-43-8
Date Filed 3-3-43

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 G L Wilkinson, Registered Apprentice No. 341, working under my personal supervision.

Signed Fred Wilkinson

Licensed Embalmer No. 2478

P. O. Address Clinton 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.