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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 116

Primary Registration District No. 3020

Registrar's No. 31

36
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Franklin

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

(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

In this community 20 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Washington
(If outside city or town limits, write "RURAL")

(d) Street No. E 3rd St.
(If rural, give location)

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

If yes, name country ✓

3. (a) PRINT FULL NAME ARTHUR GEORGE HANBACK

3. (b) If veteran, ✓ name war _____

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1
year 1943 hour 12 minute 15 P.M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married 1 divorced Married

6. (b) Name of husband or wife Alice B. Hanback 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased November 28 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 22 1943 to Apr. 1, 1943
that I last saw him alive on Apr. 1, 1943
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>63</u>	<u>4</u>	<u>3</u>	hr. min.

Immediate cause of death acute dilatation of heart 2 days

Due to Double Lobar Pneumonia 10 days

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

Other conditions (Include pregnancy within 3 months of death) 108

10. Usual occupation Newspaper Agent

Major findings: ✓
Of operations ✓

Of autopsy ✓

11. Industry or business Newspaper Agency

12. Name Geo T. Hanback

13. Birthplace Scott Co. Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Jane York

15. Birthplace Scott Co. Illinois
(City, town, or county) (State or foreign country)

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? ✓

16. (a) Informant Mrs. Arthur Hanback

(b) Address Washington, Missouri

17. (a) Burial (b) Date thereof April 4, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Hilbert J. Witt, Inc.

(b) Address Washington, Missouri

19. (a) 4/8/43 (b) Arthur Hanback
(Date received local registrar) (Registrar's signature)

While at work? ✓ (Specify type of place) (e) Means of injury ✓

23. Signature Bernard J. [unclear] (M. D. or other)

Address Washington, Mo. Date signed 4-2-43

11.61

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 Me

....., Registered Apprentice No.
working under my personal supervision.

Signed Lester H. Vitt

Licensed Embalmer No. 3254

P. O. Address Washington, 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.