

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 91

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: 402 N. Moulton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether)

In this community 33 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

(d) Street No. 402 North Moulton
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHARLEY HANNERS

3. (b) If veteran name war World War I 3. (c) Social Security No. 702-05-6992

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased Jan - 25 - 1895
(Month) (Day) (Year)

8. AGE: Years 48 Months 3 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation Section Labor

11. Industry or business Wabash Rail Road

12. Name Anderson Hanners

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

14. Maiden name Emma Jane Mozier

15. Birthplace Lincoln Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Arthur Hanners

(b) Address 321 S. Maple Moberly Mo.

17. (a) Burial (b) Date thereof Apr - 26 - 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Snow Funeral Home

(b) Address Moberly Mo

19. (a) 4-26-43 (b) Erna Rave
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25th year 1943 hour 8 minute 00 A.M.

21. I hereby certify that I attended the deceased from April 22nd 1943 to April 25 1943 that I last saw him alive on April 24 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia 4 days

Due to _____

Due to _____

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

Major findings: _____
Of operations _____
Of autopsy L

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 Benj. S. Gally (M. D. or other)

Address 201 W. Broad Moberly Mo Date signed 4/26/43

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

MOTHER FATHER

MAY 10 1943

JUN 1 1943

Health Officer No. 10

County File Number 543-800

Date Filed May 8-43

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Moberly 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.