

FILED MAY 20 1943

Registration District No. 25

Primary Registration District 4/13

Registrar's No.

1. PLACE OF DEATH:

(a) County Chariton

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

(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 _____ (Specify whether years, months or days) _____ (Specify whether)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton

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

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME MARY FRANCES HANNA

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

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Chas W. Hanna 6. (c) Age of husband or wife 41 years

7. Birth date of deceased March 4th. 1868
(Month) (Day) (Year)

8. AGE: Years 75 Months 1 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Brunswick Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business Housework

12. Name Frank Ehrett

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

14. Maiden name Theresa Wastle
(City, town, or county) (State or foreign country)

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

16. (a) Informant Roy Hanna
(b) Address Brunswick, Mo.

17. (a) Burial (b) Date thereof 4--7--1943
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director [Signature]
(b) Address Brunswick, Mo.

19. (a) 4-7-43 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6th.
year 1943 hour 7 minute 10 A. M.

21. I hereby certify that I attended the deceased from Jan 1 - 1943 to April 4 - 1943
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombus causing cerebral softening Duration 4 mos

Due to Arteriosclerosis?

Other conditions [Signature]
(Include pregnancy within 3 months of death)

Major findings: [Signature]
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?

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

23. Signature Harry E. Sutton (M.D. optional)
Address Brunswick Mo Date signed 4/6/43

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

21
0

5-15-43

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. W. Heisel*

Licensed Embalmer No..... *822*

P. O. Address..... *Brunswick, Ga.*

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.