V. S. No. 2
50M—5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18548

FILED MAY 18 1943

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 65

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

1. PLACE OF DEATH:
(a) County Nod away
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community all life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway
(c) City or town Maryville (Rural) 14
(If outside city or town limits, write "RURAL")
(d) Street No. 5 miles N.E. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Albert Sheridan Hanna
3. (b) If veteran, name war
3. (c) Social Security No. 90
4. Sex male 0
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 June 15 1870 (Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 19 If less than one day hr. min.

9. Birthplace Nodaway County (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation farmer
11. Industry or business
FATHER
12. Name Henry Hanna
13. Birthplace (City, town, or county) Ireland 0 (State or foreign country)
MOTHER
14. Maiden name Mary Jane Neal
15. Birthplace unknown (City, town, or county) 0 (State or foreign country)
16. (a) Informant J.L. Hanna
(b) Address Pickering Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5-6-43 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill cemetery Maryville Mo
18. (a) Signature of funeral director Price Funeral home
(b) Address Maryville Mo
19. (a) 5-6-43 (Date received local registrar) (b) Mary Coile (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th year 1943 hour 4 PM minute M.

21. I hereby certify that I attended the deceased from Apr 30 — 1943, to May 4th 1943 that I last saw him alive on May 4th 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho-Pneumonia	5 days
Due to Apoplexia	7 days
Due to Chronic Myocarditis	years.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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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

23. Signature L E Dean (M. D. or other) M.D
Address Maryville Mo Date signed 5-6-43

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(Licensed Embalmer's Statement on Reverse Side)

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.....Wm L Gee.....

Licensed Embalmer No.....2539.....

P. O. Address.....Maryville 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.