S. No. 2
M—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 9 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

21719

State File No. .....

Registration District No. 167 Primary Registration District No. 4256 Registrar's No. 27

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Holden (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: South Market Street, (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 35 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 51
(a) State Missouri (b) County Johnson
(c) City or town Holden 0 (If outside city or town limits, write "RURAL")
(d) Street No. South Market St., (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country xx 0

3. (a) PRINT FULL NAME HIRAM WOMACK HANNA
3. (b) If veteran, name war none
3. (c) Social Security No. 495-01-8329
4. Sex male
5. Color or race cauc
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Cora Carter Hanna
6. (c) Age of husband or wife if alive dec'd years
7. Birth date of deceased June 1, 1872 (Month) (Day) (Year)

8. AGE: Years 71 Months 0 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace Monroe County, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation Retired merchant
11. Industry or business Clothing & mercantile
MOTHER FATHER
12. Name Robert G. Hanna
13. Birthplace Monroe County, Mo. 0 (City, town, or county) (State or foreign country)
14. Maiden name Victoria Womack
15. Birthplace Louisiana, Missouri. 0 (City, town, or county) (State or foreign country)
16. (a) Informant Berry Hanna
(b) Address St. Joseph, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Holden, Missouri.
18. (a) Signature of funeral director Canaday and Ropp
(b) Address Holden, Missouri.
19. (a) 6-16-43 (Date received local registrar) (b) Mo Frank Morrison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6 year 1943 hour 4 o'clock minute A M.
21. I hereby certify that I attended the deceased from June 27, 1941, to June 6, 1943, that I last saw him alive on June 5, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration
Due to 938
Due to
Other conditions Gen Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Kelly Rawlins (M. D. or other)
Address Holden Mo Date signed 6/8/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 7-8-43

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 Samuel B. Ropp.

Licensed Embalmer No. 4044

P. O. Address Holden 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.