

FILED SEP 9 1943

Registration District No. 74

Primary Registration District No. 4135

1. PLACE OF DEATH:

(a) County Clinton
(b) City or town Gower
(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: _____ (Specify whether)
In this community Entire life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clinton
(c) City or town Gower
(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 Hannah T. Hall

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 3

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

7. Birth date of deceased December 22 1871
(Month) (Day) (Year)

8. AGE: Years 71 Months 8 Days 2 If less than one day hr. _____ min. _____

9. Birthplace Buchanan Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name W. W. Tuck
13. Birthplace Buchanan Co. Mo. 0
(City, town, or county) (State or foreign country)
14. Maiden name Hannah F. Keener
15. Birthplace Buchanan Co. Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. F. Thacker
(b) Address Gower, Mo.

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

(c) Place: burial or cremation Frazier Cemetery

18. (a) Signature of funeral director HASULLINS

(b) Address GOWER, Mo.

19. (a) 8-26-43 (b) Mrs. A. C. Hartell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 24 year 1943 hour 12 minute 5 A.M.

21. I hereby certify that I attended the deceased from June 1943 to Aug 24th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: cause liver
Of operations _____
Of autopsy _____

Duration
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 J. C. Stewart (M. D. or other)
Address Gower, Mo. Date signed 8-25-43

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

MOTHER FATHER

25
00

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.....

H. A. Sullivan

Licensed Embalmer No.....

1738

P. O. Address.....

Greenville MS

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.