

OCT 25 1943 120  
Registration District No.

Primary Registration District No. 2000

Registrar's No. 812

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution:  
911 E. Madison /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None  
(Specify whether years, months or days)

In this community 13 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 911 E. Madison  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country. ....

3. (a) PRINT FULL NAME William Andrew Hanby

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or Face White

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

6. (b) Name of husband or wife Mrs. Maude Hanby

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased April 18, 1866  
(Month) (Day) (Year)

8. AGE: Years 77 Months 5 Days 14  
hr. min.

9. Birthplace Unknown Iowa /  
(City, town, or county) (State or foreign country)

10. Usual occupation Real Estate Agent

11. Industry or business Real Estate

MOTHER FATHER { 12. Name Josiah Hanby

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

14. Maiden name Mary Rhodes

15. Birthplace Unknown Iowa /  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maude Hanby

(b) Address Springfield, Missouri

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

(c) Place: burial or cremation Indianola, Iowa

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 10-6-43 (b) D W E Handley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2nd  
year 1943 hour 8:00 minute AM

21. I hereby certify that I attended the deceased from July 23 to Oct 2, 1943  
that I last saw him alive on Oct 2, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Duration 2 yrs.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings: 93d

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?.....

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work?.....

23. Signature [Signature] (M. D. or other)

Address 318 College Springfield signed [Signature] 11/4/43

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

OCT 21 1948

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**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 Harlow Knabb  
Licensed Embalmer No. 4069  
P. O. Address Springfield, 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.**

X

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

State of Missouri }  
County of Greene } ss.

State File No. ....

**AFFIDAVIT FOR CORRECTION OF A RECORD**

Local Registrar's No. ....

On this 20th day of November, 1943, before me appears.....

Dr. C. C. Herrin, who, upon his oath, states that the original record of ~~birth~~ death

for William Andrew Hanby died October 2nd., 1943, in the State of

Missouri, and which was filed at Springfield, Mo on 10/4, 1943, should be corrected as follows:

Item No. 20 should read Chronic Myocarditis - Duration 2 yrs

Instead of..... ?

Item No. .... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant [Signature] None  
Relationship.

Lamar Mo  
Present Address.

Subscribed and sworn to before me this 20th day of November, 1943.

My Commission expires February 18th., 1947 Norman B. Yador Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

34717