

JAN 5 1944

State File No. ....

Registration District No. 25

Primary Registration District No. 43 B.

Registrar's No. 76

1. PLACE OF DEATH:  
(a) County Bates  
(b) City or town Rich Hill  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: GRAHAM REST HOME - Rich Hill  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 MONTHS  
(Specify whether years, months or days)  
In this community 1 Year - 7 months

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Bates  
(c) City or town Rich Hill  
(If outside city or town limits, write "RURAL")  
(d) Street No. South 5th St.  
(If rural, give location)  
(e) Citizen of foreign country? - (Yes or No)  
If yes, name country -

3. (a) PRINT FULL NAME William Harvey Hanna  
3. (b) If veteran, name war -  
3. (c) Social Security No. -

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 16  
year 1943 hour 3:00 minute 7 M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married. Divorced Widower  
6. (b) Name of husband or wife Rachel M. Bergen 6. (c) Age of husband or wife if alive - years  
7. Birth date of deceased May 19, 1859  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 11, 1943 to Dec 16, 1943  
that I last saw him alive on Dec 15, 1943  
and that death occurred on the date and hour stated above.

8. AGE: Years 84 Months 7 Days 6 If less than one day  
hr. min.

Immediate cause of death Myocardial Infarction  
Due to Artery  
Due to

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

Duration 4 Days

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business Alexander H. Hanna

PHYSICIAN

12. Name Alexander H. Hanna

Major findings: Of operations

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

Of autopsy

14. Maiden name Rogena Watson

Underline the cause to which death should be charged statistically.

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

22. If death was due to external causes, fill in the following:

16. (a) Informant Mrs. Clyde Miller

(a) Accident, suicide, or homicide (specify)

(b) Address Rich Hill Mo

(b) Date of occurrence

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

(c) Where did injury occur? (City or town) (County) (State)

(c) Place: burial or cremation Vinton, Iowa

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

18. (a) Signature of funeral director Booth

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

(b) Address Rich Hill Mo

23. Signature W. H. Miller (M. D. or other) W. H. Miller  
Address Rich Hill Mo Date signed Dec 17 1943

19. (a) Dec. 17, 1943 Mrs. Eugene Bergman  
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY - USE UNFADING INK

RECEIVED

District Health Officer No. 7,

District File Number 12-43-1387

Date Filed 1-4-44

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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 John G. Underwood  
Licensed Embalmer No. 3585  
P. O. Address Butler 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.**

2B  
43  
38930

1987 Jan  
State File No. \_\_\_\_\_  
Registrar's No. 76

Registration District No. 24 Primary Registration District No. 4006

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Rush Hill  
(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 \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Wm Hamley Hanna

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex m 5. Color or race w

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

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ year

7. Birth date of deceased May 10  
(Month) (Day) (Year)

8. AGE: Years 84 Months 7 Days \_\_\_\_\_ (If less than one day)

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_

(c) City or town \_\_\_\_\_  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day 16 Year 1987 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive pneumonia

Due to bronchopneumonia

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)

23. Signature James J. [unclear] (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

**SUPPLEMENTARY**

Duration 4 days

107

