

FILED FEB 11 1944

Registration District No. 137

Primary Registration District No. 2028

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
McCune-Brooks Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)
In this community 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town rural
(If outside city or town limits, write "RURAL")
(d) Street No. Reeds, Mo. - Route 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Olof Hanson

3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Flossie Hanson
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased December 22 1876
(Month) (Day) (Year)

8. AGE: Years 67 Months 1 Days 0
If less than one day .hr. min.

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

10. Usual occupation retired farmer

11. Industry or business farming

12. Name unknown
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant John Hanson
(b) Address Reeds, Mo. Route 1

17. (a) Burial (b) Date thereof Jan 25, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director. Knell Mortuary
(b) Address Carthage, Mo.

19. (a) Jan. 24 '44 (b) Elizabeth Complin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22
year 1944 hour 4:40 am minute M.

21. I hereby certify that I attended the deceased from Jan. 19, 1944 to Jan 22, 1944
that I last saw him alive on Jan. 22, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion
Due to: Myocardial Infarction
heart disease

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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 P. V. Knell (M. D.)
Address Carthage Mo Date signed Jan 24 1944

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

MOTHER FATHER

1223

44-1-81

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 *Ernest L. [unclear]*

Licensed Embalmer No. *2857*

P. O. Address *Carthage 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.