

FILED MAR 8 1944
Registration District No. 2042

Primary Registration District No. 3052

Registrar's No. 55

1. PLACE OF DEATH:
 (a) County Pettis
 (b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Bothwell Memorial
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days
(Specify whether
 In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pettis
 (c) City or town Sedalia
(If outside city or town limits, write "RURAL")
 (d) Street No. 1204 East 14th St
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Joseph C. Hannah
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month February day 9th
 year 1944 hour 2:55 minute P M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Effie Hannah
 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased May 19 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-40, 1940, to 2-9, 1944
 that I last saw him alive on 2-9, 1944
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
76 76 9 20
 hr. _____ min.

Immediate cause of death acute Coronary dilatation
 Duration Enda

9. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired Farmer

Due to Cardiac Hypertrophy 3 mos
 Due to Pulmonary & B. K. Enlarged prostate 2 yr 2 mo

11. Industry or business _____
 12. Name Joseph J. Hannah
 13. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

16. (a) Informant Wilbur Stean
 (b) Address 1800 So. Harrison
 17. (a) Burial (b) Date thereof 2-12-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park Cem
 18. (a) Signature of funeral director Ewing Funeral Home
 (b) Address 7th & Osage, Sedalia, Mo
 19. (a) 2/11/44 (b) Mrs Anna Burger
(Date received local registrar) (Registrar's signature)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
1381

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? _____ (c) Means of injury 3
 23. Signature Albert E. Thomas (M. D. or other) _____
 Address 111 W 4th Sedalia Mo Date signed 2/11/44

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

MOTHER FATHER

RECEIVED
RECEIVED

Health Officer No. 8,

3-7-44

MAR 16 1944

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 E. Myers

Licensed Embalmer No. 3220

P. O. Address. Sedalia, 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.