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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 6 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10739

Registration District No. 75 — Primary Registration District No. 5301 — Registrar's No. 17

1. PLACE OF DEATH:

(a) County Clinton

(b) City or town Rural Shoal Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: x /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X (Specify whether
In this community X
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clinton 25

(c) City or town Shoal Twp. 0
(If outside city or town limits, write "RURAL")

(d) Street No. Shoal Twp.
(If rural, give location)

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

3. (a) PRINT FULL NAME Helen Ada Hanna

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex F.

5. Color or race W /

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

6. (b) Name of husband or wife Homer H. Hanna

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased March (Month) 4th (Day) 1892 (Year)

8. AGE: Years 52 Months 0 Days 0 If less than one day hr. min.

9. Birthplace Lushton Ne (City, town, or county) Nebr. / (State or foreign country)

10. Usual occupation House wor k in Home

11. Industry or business

FATHER
12. Name Wm. Yost
13. Birthplace unknown (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Christina Henkle
15. Birthplace unknown (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Homer H Hanna
(b) Address Cameron, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-7-44 (Month) (Day) (Year)
(c) Place: burial or cremation Packard Cem.

18. (a) Signature of funeral director O. Moore
(b) Address Cameron, Mo.

19. (a) 3-7-44 (Date received local registrar) (b) Mrs. Kathleen Harris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4th. year 1944. hour 8 minute p M.

21. I hereby certify that I attended the deceased from Jan 28, 1944 to March 4, 1944 that I last saw her alive on March 2, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Meningococcic Meningitis	36 days
Due to (Meningitis)	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 6	
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? (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? (e) Means of injury

23. Signature A. O. Gilliland (M. D. or other) MD
Address Cameron Mo Date signed March 5-1944

1086 (Licensed Embalmer's Statement on Reverse Side)

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 O. A. Moore

Licensed Embalmer No. 1180

P. O. Address Cameron 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.