

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21457
Registrar's No. 65

FILED JUL 13 1944

Registration District No. 98 Primary Registration District No. 4160

31000

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

1. PLACE OF DEATH:
(a) County Daviess
(b) City or town Winston mo.
(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 1
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County Daviess 31
(c) City or town Winston mo.
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country D

3. (a) PRINT FULL NAME ALVIN SHERMAN HANNAH
(b) If veteran, name war none
(c) Social Security No. old age Pension

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 30
year 1944 hour 4 minute 30 P. M.
21. I hereby certify that I attended the deceased from June 14th, 1944, to June 30, 1944
that I last saw him alive on June 29, 1944
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Miriam Hannah
(c) Age of husband or wife if alive 74 years
7. Birth date of deceased June - 12 - 1966
(Month) (Day) (Year)

Immediate cause of death Carcinoma Colon
Due to obstruction bowel
Duration 7 days

8. AGE: Years 78 Months 0 Days 18
If less than one day hr. min.

Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: H6e
Of operations
Of autopsy

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

11. Industry or business
12. Name William Hannah
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Howard
15. Birthplace unknown
(City, town, or county) (State or foreign country)

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

16. (a) Informant Zella H. Mrs. Fee
(b) Address Kansas City Mo.
17. (a) Burial (b) Date thereof 7-2-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Winston mo.
18. (a) Signature of funeral director Mr. H. S. Stanger
(b) Address Winston mo.
19. (a) 7-5-1944 (b) A. O. Erickson
(Date received local registrar) (Registrar's signature)

23. Signature Fred R. Wilson (M. D. or other)
Address Winston mo Date signed 7-1-44

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

1084

(Licensed Embalmer's Statement on Reverse Side)

