V. S. No. 2
100M—2-43
Rev. 5-17-39
P I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25460

State File No.

FILED AUG 4 1944

Registration District No. 9-14 Primary Registration District No. 3052 Registrar's No. 258

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 Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 36 hours
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 80

(a) State Missouri (b) County Pettis 0
(c) City or town Houstonia, Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. R. F. D. #1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country D

3. (a) PRINT FULL NAME Robert Edward Lee Hanley

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Susan Kathryn Hanley

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased November (Month) 1 (Day) 1869 (Year)

8. AGE: Years 74 Months 8 Days 24 If less than one day hr. min.

9. Birthplace Houstonia (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name Archibald Harrison Hanley

13. Birthplace Monroe County (City, town, or county) Virginia (State or foreign country)

MOTHER

14. Maiden name Phoebe Claycomb

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

16. (a) Informant J. R. Hanley

(b) Address Hughesville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia, Missouri

19. (a) 7-27-44 (Date received local registrar) (b) Mrs Anne Singer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 25 day 25—
year 1944 hour 1830 minute 0 M.

21. I hereby certify that I attended the deceased from July 24, 1944, to July 25—, 1944, that I last saw h—m alive on July 25—, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Duration 9 days

Due to Myocarditis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

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: ow

(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 M. E. Shy (M. D. or other)

Address Sedalia, Mo Date signed 7-27-44

1022 (Licensed Embalmer's Statement on Reverse Side)

8:50 P.M
July 25-

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-4-44

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 L. F. Parker

Licensed Embalmer No. 3840

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.