

FILED NOV 8 1944  
Registration District No. 274

Primary Registration District No. 3052

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

2. USUAL RESIDENCE OF DECEASED:  
(a) State mo (b) County Pettis  
(c) City or town Sedalia mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. Vermont 1630  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Carrie F. Hanson  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 10 day 20  
year 1944 hour 10 minute 10 P M.  
21. I hereby certify that I attended the deceased from 8-20  
1942 to 10-20 1944  
that I last saw her alive on 10-1 1944  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed  
7. Birth date of deceased: April 7 - 1876  
(Month) (Day) (Year)

Immediate cause of death: Acute coronary occlusion.  
Due to Coronary sclerosis  
Chronic myocarditis  
Due to Chronic valvular heart disease  
Hypertension  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

8. AGE: Years 68 Months 6 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
9. Birthplace: Pacific mo  
(City, town, or county) (State or foreign country)  
10. Usual occupation: House wife

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

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name: Jephth Snow  
13. Birthplace: Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name: Emily Bell  
15. Birthplace: Pacific mo  
(City, town, or county) (State or foreign country)  
16. (a) Informant: H. J. Snow  
(b) Address: 2029 Gentry St. Mo.  
17. (a) Burial (b) Date thereof: 10-24-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation: Dresden mo  
18. (a) Signature of funeral director: B. F. Parker  
(b) Address: La Monte mo  
19. (a) 10-1-44 (b) Madame Berger  
(Date received local registrar) (Registrar's signature)

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: J. M. Redeman (M. D. or other) MD.  
Address: Sedalia, Mo. Date signed 10-24-44

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

11-7-44

**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..... *R. F. James*

Licensed Embalmer No. *1592*

P.O. Address *Lanham Md*

**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.