

FILED FEB 10 1945  
Registration District No. 172

Primary Registration District No. 5556

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Howell  
(b) City or town Rural, Golden View, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution No  
(Specify whether years, months or days) 60 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell  
(c) City or town Mountain View, Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. rural  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Mary Ollie Hansford  
3. (b) If veteran, name war No  
3. (c) Social Security No. No

20. DATE OF DEATH: Month Dec, day 31st  
year 1944 hour 3 minute \_\_\_\_\_ P. M.

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife M.W. Hansford  
6. (c) Age of husband or wife if alive 61 years  
7. Birth date of deceased October, 20th, 1884  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 29, 1944 to Nov 30, 1944  
that I last saw him alive on Nov 30, 1944  
and that death occurred on the date and hour stated above.

8. AGE: Years 60 Months \_\_\_\_\_ Days \_\_\_\_\_  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Coronary Thrombosis Duration \_\_\_\_\_  
Due to Deniality  
Due to \_\_\_\_\_

9. Birthplace Shannon Co, Missouri  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation Housewife

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

12. Name Hamon Willbanks  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Elmira Reynolds  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant M.W. Hansford  
(b) Address Mountain View, Mo

17. (a) Burial (b) Date thereof Jan. 7, 45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mountain View, Mo

18. (a) Signature of funeral director John F. Mean

(b) Address Mountain View, Mo

19. (a) 1-9-45 (b) Ruth Hunt  
(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 C.R. Towell (M. D. or other) \_\_\_\_\_  
Address Mt. View, Mo Date signed 1-9-45

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

1006

10-1-1968

**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 F. Arman  
Licensed Embalmer No. 2516  
P. O. Address Mt. View 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.**