

FILED MAY 3 1945

Registration District No. 8

Primary Registration District No. 3017

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Boonville Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Alex Van Ravensway Clinic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 wks.
In this community All her life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard
(c) City or town Fayette
(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 _____

3. (a) PRINT FULL NAME Nannie Hanna

3. (b) If veteran, name war ---
3. (c) Social Security No. 495-12-2234

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased Oct. 15, 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>6</u>	<u>7</u>	hr. _____ min.

9. Birthplace Howard County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Bookkeeping

11. Industry or business "

MOTHER, FATHER {
12. Name Robert F. Hanna
13. Birthplace Howard County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Elizabeth Shields Hanna
15. Birthplace Pike County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant William Hanna
(b) Address Fayette, Missouri

17. (a) Burial (b) Date thereof 4/24/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fayette City Cemetery

18. (a) Signature of funeral director Ralph A. Carr
(b) Address Fayette, Missouri

19. (a) Apr 26 45 (b) Dr. Ches. Swap
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
year 1945 hour 11:30 minute P M.

21. I hereby certify that I attended the deceased from April 1
1945 to April 22 1945
that I last saw her alive on April 22 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver
Due to Secondary to carcinoma of the gall bladder
Due to S.T.M.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations See above
Of autopsy none

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 Arthur Raschman (M. D. or other) _____
Address Burnside, Mo Date signed 4/22/45

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

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

RECEIVED

District Health Officer No. 8.

District File Number.....

Date Filed 5/2/75

JAN 22 1958

FEB 11 1958
OCT 23 1957

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, ~~and~~.....

....., Registered Apprentice No.

working under my personal supervision.

Signed Raymond A. Curran

Licensed Embalmer No. 3340

P. O. Address Jayette 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.