No. 2
—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

27053
State File No.

FILED SEP 6 1945

Registration District No. Primary Registration District No. 5196 Registrar's No. 1

1. PLACE OF DEATH:
(a) County CARROLL
(b) City or town BOSWORTH
(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 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County CARROLL 17
(c) City or town BOSWORTH RURAL 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHNNY Herbert HANAVAN
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced S 0
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased July (Month) 19 (Day) 1913 (Year)

8. AGE: Years	Months	Days	If less than one day
32		26	hr. min.

9. Birthplace BOSWORTH (City, town, or county) MO (State or foreign country)
10. Usual occupation FARMER
11. Industry or business
FATHER
12. Name WM H. HANAVAN
13. Birthplace BOSWORTH (City, town, or county) MO 0 (State or foreign country)
MOTHER
14. Maiden name MARY ANN JENNINGS
15. Birthplace TEXAS (City, town, or county) (State or foreign country)
16. (a) Informant WM. H. HANAVAN
(b) Address BOSWORTH MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-18-1945 (Month) (Day) (Year)
(c) Place: burial or cremation BIG CREEK CEMETERY
18. (a) Signature of funeral director David J. Edwards
(b) Address Bosworth Mo
19. (a) 8-20-1945 (Date received local registrar) (b) Pearl Koch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 15th day August year 1945 hour 8 minute 30 P.M.
21. I hereby certify that I attended the deceased from Coroner Call, 19, to, 19;
that I last saw h. alive on, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Drowned in pond	
Due to Believed Suicide	
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:
(a) Accident, suicide, or homicide
(b) Date of occurrence Aug. 15th 1945
(c) Where did injury occur? on farm (City or town) Carroll (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Farm (Specify type of place)
While at work? No (e) Means of injury None
23. Signature Charles Rutt 3 Coroner (M.D. or other)
Address Carrollton, Missouri Date signed 8/17/45

1408 (Licensed Embalmer's Statement on Reverse Side)

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 David J. Edwards

Licensed Embalmer No. 3265

P. O. Address Bosworth 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.

S. No. 2B
5M—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Sept

Registration District No. 37 107

Primary Registration District No. (5196)

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Rural, Ridge Twp Bosworth
(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 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Johnny H. Hanavan

3. (b) If veteran name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July 1944
(Month) (Day) (Year)

8. AGE: Years 29 Months Days If less than one day hr. min.

9. Birthplace (City, town, or county) No (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug Day 1 year 1945 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to

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:

(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. D. or other)

Address Date signed

SUPPLEMENTARY

5-27053