

FILED OCT 4 1945 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 116

Primary Registration District No. 3026 + 5734

Registrar's No. 91

1. PLACE OF DEATH:

(a) County Franklip
(b) City or town Washington MO
(c) Name of hospital or institution: St. Francis 0
(d) Length of stay: In hospital or institution 5 days
In this community 58 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36
(c) City or town Washington MO
(d) Street No. 2
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

William J. Hanneker

3. (b) If veteran, name war No

3. (c) Social Security No. 01

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Francis Hanneker

6. (c) Age of husband or wife if alive years 9

7. Birth date of deceased (Month) 8 (Day) 18 (Year) 1897

8. AGE: Years 57 Months 1 Days 8 hr. min.

9. Birthplace: Moberly MO (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name William Hanneker
13. Birthplace Saint Louis 9 (City, town, or county) (State or foreign country)
14. Maiden name Edith Minnie Perry
15. Birthplace Saint Louis 9 (City, town, or county) (State or foreign country)

16. (a) Informant Francis Hanneker (b) Address H. Clair MO

17. (a) Burial (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director (b) Address

19. (a) Date received local registrar 9/18/45 (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18 year 1945 hour minute 2:45

21. I hereby certify that I attended the deceased from 3-16 1944 to Sept 18 1945 that I last saw him alive on Sept 18 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary system

Due to: Due to:

Other conditions: (Include pregnancy, within 3 months of death)

Major findings: Of operations: Of autopsy: 1170

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? While at work? (Specify type of place) (e) Means of injury

23. Signature: Date signed: 9/18/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

36
1
2

1444

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 A. Schubert

Licensed Embalmer No. *3008*

P. O. Address *Pacific 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.