

No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE

THE STATE BOARD OF HEALTH OF MISSOURI

FILED FEB 7 1946

STANDARD CERTIFICATE OF DEATH

State File No. 3610

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 2

1. PLACE OF DEATH:

(a) County COOPER  
(b) City or town OTTERVILLE SEDALIA  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: BOTHWELL HOSP.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 DAYS  
In this community 43 YRS  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER  
(c) City or town OTTERVILLE - RURAL  
(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 ALFRED GEORGE HANSBERGER

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife VIRGINIA LEE HARLAN 6. (c) Age of husband or wife if alive ✓ years 5

7. Birth date of deceased JUNE (Month) (Day) (Year) 1864

8. AGE: Years 80 Months 6 Days 27 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace MINERAL WELLS TEXAS (City, town, or county) (State or foreign country)

10. Usual occupation FARMING

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

12. Name EMANUEL HANSBERGER  
13. Birthplace MISSOURI (City, town, or county) (State or foreign country)

14. Maiden name CORDELIA ANN STEPHENS  
15. Birthplace COOPER COUNTY MO (City, town, or county) (State or foreign country)

16. (a) Informant MRS LESS LAYNE  
(b) Address OTTERVILLE MO

17. (a) BURIAL (b) Date thereof 1-4-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OTTERVILLE MO

18. (a) Signature of funeral director HAYS-PAINTER  
(b) Address PILOTE GROVE MO

19. (a) 1-4-46 (b) A. J. Campbell  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 2 year 1945 hour 9 minute 40 P.M.

21. I hereby certify that I attended the deceased from Oct 20, 1945, to Jan 2, 1946 and that death occurred on the Jan 2 and hour stated above.

Immediate cause of death: Heart failure from myocarditis, acute  
Due to: semitic, allergic

Duration  
3 weeks  
8 weeks

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

Major findings: Of operations \_\_\_\_\_  
Of autopsy (1) 32

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (Type of injury)

23. Signature Chas. D. Howe (M. D. another) \_\_\_\_\_  
Address Sedalia Mo Date signed 1/3/46

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

RECEIVED

District Health Officer No. 5

District File Number

Date Filed 2-6-46

FEB 27 1946

APR 8 1947

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. L. Painter

Licensed Embalmer No. 4069

P. O. Address Pilot Grove, 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.