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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 21 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4749

Registration District No. 286106 Primary Registration District No. 54240 Registrar's No.

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Halcomb Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Cochran's Hospital Dr. Cochran
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 hours (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 35

(c) City or town Clarkton R. 1
(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 Nevola Loretta Hanner

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex female

5. Color or race W

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased March (Month) 8 (Day) 1943 (Year)

8. AGE: Years 2 Months 8 Days 6 If less than one day hr. min.

9. Birthplace New Madrid County, Mo (City, town, or county) (State or foreign country)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name W. M. Hanner
13. Birthplace Zalma, Missouri (City, town, or county) (State or foreign country)

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

16. (a) Informant W. M. Hanner

(b) Address

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

(c) Place: burial or cremation Brush Creek Cemetery Zalma, Mo.

18. (a) Signature of funeral director Landers Funeral Home

(b) Address Campbell Mo.

19. (a) 2-17-46 (Date received local registrar) (b) J. Anderson (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14 year 1946 hour minute 2:30 A.M.

21. I hereby certify that I attended the deceased from Jan 13th 7 PM, 1946, to Jan 14, 1946 that I last saw him alive on Jan 13, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to Influenza

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 33

Duration

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 2

23. Signature Wm E Cochran (M. D. or other) DO

Address Halcomb Date signed 1/18/46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 246-260
Date Filed 2-20-46

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 .....

Licensed Embalmer No. .....

Not embalmed

P. O. Address .....

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.