

FILED MAY 8 1946

Registration District No. _____

Primary Registration District No. 1000

Registrar's No. 393

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2327 Ashland /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2327 Ashland /
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ida Dutton Hanna

3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex female / 5. Color or race white
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Orr C. Hanna
6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased May 15 1361
(Month) (Day) (Year)

8. AGE: Years 84 Months 10 Days 18
If less than one day hr. _____ min. _____

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

10. Usual occupation at home

11. Industry or business _____

12. Name James C. Dutton
13. Birthplace unknown New York /
(City, town, or county) (State or foreign country)

14. Maiden name Agnes Dickson
15. Birthplace unknown Canada /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. D. Toel
(b) Address 2327 Ashland

17. (a) burial (b) Date thereof 4 / 4 / 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director *Norton Bertole & Bowman*

(b) Address St. Joseph, Mo.

19. (a) April 5 - 1946 (b) *[Signature]*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3rd
year 1946 hour 7 minutes 00 A.M.

21. I hereby certify that I attended the deceased from
Nov 10 1945 to April 3 1946
that I last saw her alive on April 1 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Endocarditis with gangrene Rt foot & leg.
Due to *Arteriosclerosis* 3 yrs
Chronic Hypertension 10 yrs
Due to *Chronic Nephritis* 5 yrs

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy *No* *12/13*

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?

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

23. Signature *H. S. Journal* (M. D. or other) _____
Address *St. Joseph, Mo.* Date signed *4-3-46*

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

11156

ORIGINAL E...

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 3 Apr 46

....., Registered Apprentice No. ✓
working under my personal supervision.

Signed Harold Bowman

Licensed Embalmer No. 3619

P. O. Address St. Joseph, 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.