. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 18 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30626

Registration District No. 13 Primary Registration District No. 3028 Registrar's No. 148

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Carthage (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2000 S. Grand (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: 8 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Carthage (If outside city or town limits, write "RURAL")
(d) Street No.: 2000 S. Grand (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Gretchen Lou Ella HANCHEY
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: Jefferson Glenn Hanchey
6. (c) Age of husband or wife if alive: 31 years
7. Birth date of deceased: Oct (Month) 22 (Day) 1914 (Year)

8. AGE: Years	Months	Days	If less than one day
31	8	10	hr. min.

9. Birthplace: Gerald (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: William Webb
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
14. Maiden name: Bertha Schmidt
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant: Jefferson Hanchey
(b) Address: 2000 S. Grand
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-4-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Union Missouri Cemetery
18. (a) Signature of funeral director: Ed. C. Ulmer
(b) Address: Carthage Missouri
19. (a) 8-3-46 (Date received local registrar) (b) L. B. Clinton M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: August day: 2 year: 1946 hour: 1 minute: 23 P.M.
21. I hereby certify that I attended the deceased from March 27, 1946 to August 2, 1946; that I last saw her alive on Aug. 2, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis, mitral insufficiency — Duration: 20 yrs
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:
(c) 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. Foster Whitten (M. D. or other)
Address: Carthage, Mo. Date signed: 8-2-46

139 (Licensed Embalmer's Statement on Reverse Side)

46-8-732

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 S. Kennedy

Licensed Embalmer No.....4194

P. O. Address.....Carthage, M

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.