

**FILED DEC 17 1946**  
Registration District No. ....

Primary Registration District No. 3012

Registrar's No. 159

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution:  
Excelsior Springs Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Days  
(Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Minnesota (b) County Jackson 999

(c) City or town Heron Lake 21  
(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 HANS E. HANSON

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 27 day 2nd  
year 1946 hour 12:40 minute P M.

21. I hereby certify that I attended the deceased from November 27th 1946 to December 2, 1946  
that I last saw him alive on December 2, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebral hemorrhage new  
hrs.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Maude Hanson

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

7. Birth date of deceased Nov. 24, 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

68 0 8 hr. min.

9. Birthplace Jackson County, Minn. /  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

MOTHER FATHER { 12. Name Otto Hanson 9

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Ansel O. Peterson

(b) Address Heron Lake, Minn.

17. (a) Removal (b) Date thereof 12/3/1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Redwood Falls, Minn.

18. (a) Signature of funeral director Blaude Richard

(b) Address Excelsior Springs, Mo.

19. (a) 12/4/46 (b) Paroline Hutchings  
(Date received local registrar) (Registrar's signature)

Due to Hypertension

Due to .....

Other conditions: .....

(Include pregnancy within 3 months of death)

Major findings: 83A

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:

(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? 0

(Specify type of place)

While at work 0 (e) Means of injury .....

23. Signature SP M. Branded (M. D. or other) M. D.

Address Excelsior Springs, Mo. Date signed 12/3/46

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

38774

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 12-14-46

NOV 5 1949

JUL 27 1949

MAR 20 1951

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 E. E. White

Licensed Embalmer No. 4168

P. O. Address Evulsion Springs, 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.

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