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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41680  
Registrar's No. 110

FILED DEC 20 1946

Registration District No. 290 Primary Registration District No. 4427

1. PLACE OF DEATH:  
(a) County Pulaski  
(b) City or town Waynesville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Waynesville General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 4 days  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Phelps  
(c) City or town Rolla Rural  
(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 Unnamed Baby Hance  
3. (c) Social Security  
name war \_\_\_\_\_ No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 12  
year \_\_\_\_\_ hour 9 minute 35 P. M.  
21. I hereby certify that I attended the deceased from  
Dec. 9, 1946, to Dec. 12, 1946  
that I last saw her alive on Dec. 12, 1946  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced 1  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased December 8 1946  
(Month) (Day) (Year)

Immediate cause of death  
Pneumonia  
Duration \_\_\_\_\_

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 4  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

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

Major findings:  
Of operations 10  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
12. Name Clifford Hance  
13. Birthplace Phelps Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Marie Jones  
15. Birthplace Bell Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Clifford Hance  
(b) Address Rolla, Mo.  
17. (a) Newburg (b) Date thereof: 12 12 1946  
(Basel, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation At Olive

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? \_\_\_\_\_

18. (a) Signature of funeral director Leg Johnson  
(b) Address Newburg Mo  
19. (a) 12/18/46 (b) Lucius S McClure  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
Signature Blair R. Little (M. D. or other) \_\_\_\_\_  
Address Waynesville Mo Date signed 12/17/46

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

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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~~ <sup>not</sup>.....

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

Signed.....

*Lee Johnson*

Licensed Embalmer No.....

*3392*

P. O. Address.....

*Newburg 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.**