

Registration District No. **316**

Primary Registration District No. **4462**

Registrar's No. **395**

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Elvins, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME ALVA MARION HANA
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex Male **5. Color or race** Cauc **6. (a) Single, widowed, married, divorced** Married
6. (b) Name of husband or wife Cora Hana **6. (c) Age of husband or wife if alive** 75 years
7. Birth date of deceased August 7, 1867
(Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 5 If less than one day
hr. _____ min. _____

9. Birthplace: Digo County, Ind (City, town, or county) (State or foreign country) 1

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name John R. Hana **13. Birthplace** Digo County Ind (City, town, or county) (State or foreign country) 1
14. Maiden name Ellen Span
15. Birthplace Digo County Ind (City, town, or county) (State or foreign country) 1

16. (a) Informant Cora Hana
(b) Address Patton, Missouri

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Dec-14-46 (Month) (Day) (Year)
(c) Place: burial or cremation Three Rivers Cemetery

18. (a) Signature of funeral director Sparks Funeral Home
(b) Address 300 Taylor Flat River, Mo
19. (a) 12-17-46 (Date received local registrar) **(b) Esther Rudloff** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bollinger 9
(c) City or town Patton (If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 6
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 12th,
year 1946 hour 5:11 minute _____ A.M.

21. I hereby certify that I attended the deceased from NOV 3 1946 to DEC 12 1946
that I last saw him alive on DEC 12 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Ca 7 Pancreas Duration _____

Due to _____

Due to _____
Other conditions (Include pregnancy within 3 months of death) 466

Major findings: Carcinoma involving head of pancreas
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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature C. H. Applegate (M. D. or other) MD
Address Flux River MO **Date signed** 12-14-46

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

ED

Officer No. 4

Number 1246-301

12-24-46

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 *Murphy L. Parks*

Licensed Embalmer No. 4236

P. O. Address *Flat River, 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.