

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 23 1947  
264

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14409

State File No.

Registration District No. 264

Primary Registration District No. 5891

Registrar's No. 26

1. PLACE OF DEATH:  
(a) County Ozark  
(b) City or town Rural - Bridges  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(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 Carol June Hannaford  
(b) If veteran, 1/2 (c) Social Security No.  
name war

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced single  
(b) Name of husband or wife (c) Age of husband or wife if alive years  
7. Birth date of deceased March 21 1947  
(Month) (Day) (Year)

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

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

10. Usual occupation Infant

11. Industry or business

12. Name Elvis Hannaford  
13. Birthplace Ozark Co. Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Loma Shanks  
15. Birthplace Ozark Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Elvira Hannaford  
(b) Address Gainesville, Mo.

17. (a) Burial (b) Date thereof 3-24-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Lilly Ridge Cem.

18. (a) Signature of funeral director (b) Address Gainesville, Mo.  
(Date received local registrar) (Registrar's signature)

19. (a) March 26, 1947 (b) Pamela Trump  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Ozark  
(c) City or town Rural Gainesville  
(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

20. DATE OF DEATH: Month March day 23  
year 1947 hour 4 minute 45 P. M.

21. I hereby certify that I attended the deceased from March 21 1947 to March 23 1947;  
that I last saw her alive on March 23 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Erythroblastosis foetalis  
Duration 2 days

Due to  
Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy  
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 M. J. Hoerman (M. D. or other)  
Address Gainesville, Mo. Date signed 3/25/47

*This body was not embalmed - requested  
by family*

RECEIVED

District Health Officer No. 6,

District File Number 447-445

Date Filed APR 16 1947

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.