

FILED JUN 2 7 1947

Registration District No. 7

Primary Registration District No. 5032

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Audrain.
 (b) City or town Ladonia, Mo. R.F.D.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(Rural) Linn Township.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 64 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Audrain. 4
 (c) City or town Rural Linn Township. 0
(If outside city or town limits, write "RURAL")
 (d) Street No. Ladonia, Mo R.F.D. 0
(If rural, give location)
 (e) Citizen of foreign country? No. 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Noly Hanna.
 3. (b) If veteran, name war _____ 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 Floyd Hanna. 6. (c) Age of husband or wife if alive 67 years
 7. Birth date of deceased MAX Feb. 23, 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>2</u>	<u>14</u>	hr. _____ min.

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

10. Usual occupation Housewife.

11. Industry or business Home.

MOTHER FATHER
 12. Name H.C. Fisher.
 13. Birthplace Ralls County, MO.
(City, town, or county) (State or foreign country)
 14. Maiden name V. Humstätt
 15. Birthplace Ralls County, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant _____
 (b) Address Ladonia, Missouri.

17. (a) Burial (b) Date thereof 5-8-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ladonia, Missouri.

18. (a) Signature of funeral director Clyde Wilsey
 (b) Address Ladonia, Missouri

19. (a) May 20 1947 (b) Mrs. Joe Carter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May, day 7th, year 1947 hour 8:45 minute A. M.

21. I hereby certify that I attended the deceased from Mar 16 1947 to Mar 6 1947
 that I last saw her alive on Mar 6 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Entire Abdomen
 Due to Carcinoma of Rt. Ovary ?

Due to _____
 Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations H.P.
 Of autopsy _____

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 2

23. Signature R.B. Ruiz (M.D. or other) D.O.
 Address Ladonia, Mo Date signed 5/11/47

Duration 6 Mo.
 ?
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No 10
District File Number 5-47-922
Date Filed MAY 23 1947

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.....

John H. Ellis....., Registered Apprentice No. *494*
working under my personal supervision.

Signed..... *Clyde Wilkey*.....

Licensed Embalmer No. *3820*

P. O. Address *Perry, 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.