

No. 2
-8-43
5-17-39
K37823

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18106**
Registrar's No. **31**

FILED MAY 27 1947
Registration District No. **207**

Primary Registration District No. **5758**

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

1. PLACE OF DEATH:

(a) County Maries
 (b) City or town Rural Miller
 (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 35 years years, months or days)

3. (a) PRINT FULL NAME Charles Sherman Hanson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nannie Hanson 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased 2 15 1872
 (Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Charleston Illinois
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name James Hanson

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

14. Maiden name Mary Clines

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

16. (a) Informant Mrs. Nannie Hanson

(b) Address Dixon, Missouri

17. (a) Burial (b) Date thereof 5/18/1947
 (Burial, cremation, or removal) (Month) (Day) (Year)

γ (c) Place: burial or cremation Powers

18. (a) Signature of funeral director Fred H. Gilbert
 (b) Address Dixon, Missouri

19. (a) 5-20-47 (b) Pauline Sawyer
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Maries **63**
 (c) City or town Rural **0**
 (If outside city or town limits, write "RURAL") (If rural, give location) **0**
 (d) Street No. _____ (If rural, give location) **0**
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 17
 year 1947 hour 12 minute 15 A. M.

21. I hereby certify that I attended the deceased from Feb 1943 to May 12 1947
 that I last saw him alive on May 12 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 1 hour

Due to _____
 Due to _____

Other conditions (Include pregnancy within 5 months of death) 94H

Major findings: 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 2

23. Signature Donley Gates (M. D. or other) D.O.
 Address Dixon, Mo Date signed 5/18/47

Date Filed 5-26-47
District File Number
District Health Officer No.

RECEIVED

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.....

5/17-1947

Registered Apprentice No.....

working under my personal supervision.

Signed

Fred A. Gillen

Licensed Embalmer No. 2341

P. O. Address Dixon, Missouri

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.