

FILED JUL 21 1947

Registration District No. 19

Primary Registration District No. 5065

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Liberal Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 65 yrs (Specify whether years, months or days)

In this community

3. (a) PRINT FULL NAME Frank Leslie Hanshaw

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 Elva Mabel Hanshaw 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased March 16 1882
(Month) (Day) (Year)

8. AGE: Years 65 Months 2 Days 19 If less than one day hr. _____ min. _____

9. Birthplace Fantha Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business own farm

12. Name Wm. Henry Hanshaw

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

14. Maiden name Juliet Sargent

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

16. (a) Informant Harold Hanshaw

(b) Address Liberal Mo. R.R.

17. (a) Burial (b) Date thereof June 9, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Leming, Chapman Mo

18. (a) Signature of funeral director J. M. Berkeley

(b) Address Mulberry Kansas

19. (a) June 12 (b) Antonia Kubala
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
(c) City or town Liberal 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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
year 1947 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 17, 1947
June 5 to 7, 1947
that I last saw him alive on June 4, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 5 min

Due to chronic myocarditis just attack coronary occlusion Jan 17-47
Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 95%

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? 1

While at work _____ (Specify type of place) (c) Means of injury _____

23. Signature John T. Beckel (M. D. or other) MD

Address Larar, Mo. Date signed June 10, 1947

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

MOTHER FATHER

OCT 20 1949

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 *J. M. Berkey*.....

Licensed Embalmer No. *7336*.....

P. O. Address *Mulberry, Kans.*

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.