No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 14 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24609

Registration District No. 160 Primary Registration District No. 3030 Registrar's No. 57

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Festus
(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 30 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jefferson 50
(c) City or town Festus 3
(If outside city or town limits, write "RURAL")
(d) Street No. 842 Ann St. 1
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Ida Louise Hanson
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Samuel B. Hanson
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased September (Month) 17 (Day) 1895 (Year)

8. AGE: Years 51 Months 10 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace Potosi (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business .....
FATHER
12. Name John Ruby 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Louise Courtway
15. Birthplace Washington Co. Mo. (City, town, or county) (State or foreign country) 0
16. (a) Informant S. B. Hanson
(b) Address 842 Ann St. Festus Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-28-47 (Month) (Day) (Year)
(c) Place: burial or cremation Festus Catholic Cem.
18. (a) Signature of funeral director H. S. Vinyard
(b) Address Festus Mo.
19. (a) July 29 1947 (Date received local registrar) (b) Cleora Belleville (Registrar's signature) 142

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1947 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from 2-23, 1946, to 7-25, 1947
that I last saw her alive on 7-25, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Apoplexy	2 hrs.
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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? ..... (Specify type of place) 0
While at work? ..... (e) Means of injury .....

23. Signature R. H. Donnell (M. D. or other) M. D.
Address Crystal City, Mo. Date signed 7-29-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

District Health Officer No. 9,

District File Number

Date Filed AUG 13 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.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed H H Wynard

Licensed Embalmer No. 3010

P. O. Address Fulton 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.