FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 30 1947

Registration District No. 42

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26819

Primary Registration District No. 1000

Registrar's No. 1031

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2827 Ashland Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 years (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph 7
(If outside city or town limits, write "RURAL") 0

(d) Street No. 2827 Ashland
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Orr C. Hanna

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male ()

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Ida Hanna

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July ~~7, 1855~~ (Month) 8, 1856 (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
/ 91	92	1	~~17~~ 16	hr. min.

9. Birthplace ~~Unknown~~ LONDONDARY (City, town, or county) Unknown OHIO (State or foreign country)

10. Usual occupation Retired Salesman

11. Industry or business Unknown

12. Name ~~Unknown~~ ROBERT HANNA

13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

14. Maiden name ~~Unknown~~ ELIZA CORKEN

15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Mrs. H. D. Toel

(b) Address St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/26/47 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Heaton-Bowman

(b) Address St. Joseph, Mo.

19. (a) 8-29-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 207

MOTHER FATHER

corr. by aff Jan 1 1947 Hallene C. Stahl

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24 year 1947 hour 6 minute 10 P.M.

21. I hereby certify that I attended the deceased from Last 5 years seen from time to time, to Aug 24, 1947 that I last saw him alive on Aug 24, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute enteritis	2 days
Dehydration	"
Due to Myocarditis	1 yr.
Senile dementia	3 yrs.
Due to Mal nutrition	
uncontrolled.	

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No.

93

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)

While at work? (e) Means of injury ()

23. Signature H. S. Conrad (M. D. ~~or other~~)

Address St Joseph Mo. Date signed 8-25-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 James B. Hawkins, Registered Apprentice No. 27 working under my personal supervision.

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th, St Jose

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of Buch. }

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 1031

On this 16th day of Jan, 1948, before me appears Hildred Hanna Toel, who, upon her oath, states that the original record of ~~birth~~/death for Orr C. Hanna died ~~born~~ 8/24/47, 19..., in the State of Missouri, and which was filed at St. Joseph, Mo. on 8/29/47, 19..., should be corrected as follows:

Item No. ... should read ...

Instead of ...

Item No. 7 should read July 8, 1856

Instead of July 7,1855

Item No. 8 should read 91yrs 1month 16days

Instead of 92yrs 1month 17days

Item No. 9 should read Londondary, Ohio

Instead of unknown

Item No. 12 should read Robert Hanna

Instead of unknown

Item No. 14 should read Eliza Corken

Instead of unknown

Item No. ... should read ...

Instead of ...

Item No. ... should read ...

Instead of ...

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Hildred Hanna Toel

Relationship daughter

2827 Ashland Ave., City

Present Address.

Subscribed and sworn to before me this 16 day of Jan, 1948.

My Commission expires April 24, 1949 E. C. Jenkins Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

135
43
7817

26819