

S. No. 2
1-12-45
5-17-39
P-I X47070

FILED AUG 26 1947
Registration District No. **27**

Primary Registration District No. **3052**

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

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution:
1900 South Harrison
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days) 18 years

In this community _____ years, months or days

3. (a) PRINT FULL NAME David Henry Hanson

3. (b) If veteran, name war World War I

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Blanche Crain Hanson

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased November 6, 1890
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>56</u>	<u>9</u>	<u>1</u>	hr. _____ min.

9. Birthplace Richmond, Ray County, Mo.
(City, town, or county) (State of foreign country)

10. Usual occupation Brakeman

11. Industry or business M.K.T. Railroad

MOTHER, FATHER

12. Name Robert R. Hanson

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

14. Maiden name Mary E. McCall

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

16. (a) Informant Mrs. Blanche Hanson (wife)

(b) Address 1900 S. Harrison, Sedalia, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 8/9/47
(Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove Cemetery, Boonville, Mo.

18. (a) Signature of funeral director Shane Ewing

(b) Address 5/9/47 Sedalia, Mo.

19. (a) 8/9/47 (Date received local registrar)

(b) Betty Yeager (Registrar's signature) Deputy

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Sedalia
(If outside city or town limits, write "RURAL")

(d) Street No. 1900 South Harrison
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7
year 1947 hour 11:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from Over 5 yrs
that I last saw him in alive on August 6th, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Since 1929

Due to _____

Due to _____

Other conditions Vincent's Angina. 5 days
(Include pregnancy within 3 months of death)

Major findings: None.

Of operations _____

Of autopsy None.

PHYSICIAN 32B

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) None.

(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 _____

23. Signature Jno. B. Carlisle, M.D. (M. D. or other)
Address Sedalia, Missouri. Aug. 9th, 1947

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JAN 2 1948

RECEIVED

District Health Officer No. 8, Dr. Carlisle

District File Number.....

Date Filed 8-25-1947

J. O'Neil

DEC 14 1935

AUG 26 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 *Duane Ewing*

Licensed Embalmer No. *3847*

P. O. Address *Sedalia 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.