

**FILED OCT 31 1947**  
354

Registration District No. **354**

Primary Registration District No. **5093**

1. PLACE OF DEATH:

(a) County Saline  
(b) City or town Marshall, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
In Ambulance on Way to Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3  
(Specify whether years, months or days)  
In this community All His Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline **97**  
(c) City or town Marshall **1**  
(If outside city or town limits, write "RURAL")  
(d) Street No. 501 North English **2**  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No) **0**  
If yes, name country.....

3. (a) PRINT FULL NAME Jack Robert Hanes Jr.

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 ○  
6. (b) Name of husband or wife Infant 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased October 14 1947  
(Month) (Day) (Year)

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

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

10. Usual occupation Infant

11. Industry or business ■■■■

12. Name Jack Robert Hanes

13. Birthplace Hexington Mo. **0**  
(City, town, or county) (State or foreign country)

14. Maiden name Wilma Maxine Bakert

15. Birthplace Marshall Mo. **1**  
(City, town, or county) (State or foreign country)

16. (a) Informant Jack Robert Hanes  
(b) Address Marshall, Mo.

17. (a) Burial (b) Date thereof 10/16/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park Cemetery

18. (a) Signature of funeral director J. Fredrick Sweeney  
(b) Address Marshall, Mo.

19. (a) Oct. 16 - 47 (b) Richard T. Gray  
(Date received local registrar) (Registrar's name)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 15 day 15 year 1947 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from Oct 14 to Oct 15 that I last saw him alive on Oct 15 and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia Neonatorum

Due to thrombus plug

Due to prolonged cord

Other conditions 16 17  
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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 20

23. Signature Ed Hanes (M. D. or other) 50  
Address Marshall Mo. Date signed 10-16-47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 10-30-27

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. Lealie Summey  
Licensed Embalmer No. 22356

P. O. Address Marshall, Miss

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.