

Registration District No. 245

Primary Registration District No. 5836

Registrar's No. 110

1. PLACE OF DEATH:

(a) County Newton  
(b) City or town Rural, Neosho  
(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 45 years (Specify whether years, months or days)

In this community 45 years

3. (a) PRINT FULL NAME James Hiram Hansford

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex MO 5. Color or race W 6. (e) Single, widowed, married, divorced Wid. 2

6. (b) Name of husband or wife Maree 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased Sept. 28 1850  
(Month) (Day) (Year)

8. AGE: Years 97 Months 2 Days 6 If less than one day hr. min.

9. Birthplace Fidelity Mo. 6  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name John Hansford

13. Birthplace Pike Co. Mo. 6  
(City, town, or county) (State or foreign country)

14. Maiden name Maree Clae

15. Birthplace Mo. 6  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Hansford

(b) Address Neosho, Mo. Rte. 3

17. (a) Burial (b) Date thereof Dec. 5, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burkhart Cemetery

18. (a) Signature of funeral director W. E. Bidleman

(b) Address Seneca Mo.

19. (a) Dec. 5, 1947 (b) Melvin C. Bonman  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton?

(c) City or town 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 Dec day 4  
year 1947 hour 1 minute 15 A.M.

21. I hereby certify that I attended the deceased from Nov. 1, 1947 to Dec. 4, 1947

that I last saw him alive on Dec. 3, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic bronch.  
asymptomatic  
apnoea

Due to apnoea

Due to —

Due to —

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations MIP

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?

While at work? (Specify type of place) (e) Means of injury G

23. Signature W. E. Bidleman (M. D. or other) —  
Address Seneca Mo. Date signed 12-6-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**RECEIVED**

District Health Officer No. Newton

District File Number 1247-725

Date Filed DEC 8 1947

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**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 W E Beddlesome

Licensed Embalmer No. 2174

P. O. Address Seneca 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.**