No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 3 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1690

Registration District No. 184 Primary Registration District No. 5299 Registrar's No. 3

1. PLACE OF DEATH:
(a) County: LINN
(b) City or town: Bucklin
(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
In this community (Specify whether years, months or days): 62 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Linn
(c) City or town: Bucklin
(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: —

3. (a) PRINT FULL NAME: HOKAN HANSON
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: Single
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: April (Month) 25 (Day) 1875 (Year)

8. AGE: Years	Months	Days	If less than one day
72	8	9	hr. min.

9. Birthplace: Skona (City, town, or county) Sweden (State or foreign country)
10. Usual occupation: Farming
11. Industry or business: "
FATHER
12. Name: Peter Hansen
13. Birthplace: Skona (City, town, or county) Sweden (State or foreign country)
MOTHER
14. Maiden name: Bjelke Hansen
15. Birthplace: Skona (City, town, or county) Sweden (State or foreign country)
16. (a) Informant: Roy Hansen
(b) Address: Bucklin Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 6, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Luther Cem. (Baker Twp)
18. (a) Signature of funeral director: Larson Funeral Service
(b) Address: Bucklin Mo
19. (a) Jan 6, 1948 (Date received local registrar) (b) W. B. Emmons (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4 year 1948 hour 9 minute 30 A.M.
21. I hereby certify that I attended the deceased from Nov 5 1947 to Jan 4 1948 that I last saw him alive on Jan 4 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Edema of Lungs — Duration: 1 hour
Due to: Peripheral Arteriosclerosis
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: Of autopsy:

PHYSICIAN — 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):
(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: 0
23. Signature: J. E. Caldwell (M.D.)
Address: Bucklin Mo Date signed: 1-6-48

(Licensed Embalmer's Statement on Reverse Side)

AUG 30 1948

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 C. A. Larson

Licensed Embalmer No. 4037

P. O. Address Bucklin, Mo.

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

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