No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 13 1948

Registration District No. 274

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3052

State File No. 1968

Registrar's No. 4

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: Bothwell Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Few minutes (Specify whether years, months or days)
In this community: None

2. USUAL RESIDENCE OF DECEASED:
(a) State: N. Y. (b) County:
(c) City or town: Astoria, Long Island
(If outside city or town limits, write "RURAL")
(d) Street No.: 3090 35th Street
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Cpl. Hugh J. Hannaway
3. (b) If veteran, name war: World War II
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: None
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Sept. (Month) 25 (Day) 1923 (Year)

8. AGE: Years 24 | Months 3 | Days 6 | If less than one day hr. min.

9. Birthplace: Astoria (City, town, or county) N. Y. (State or foreign country)
10. Usual occupation: Soldier
11. Industry or business:
MOTHER FATHER
12. Name: Unknown
13. Birthplace: " (City, town, or county) 9 (State or foreign country)
14. Maiden name: "
15. Birthplace: " (City, town, or county) 9 (State or foreign country)
16. (a) Informant: Quartermaster
(b) Address: K.C. Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 1-4-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Astoria, N.Y.
18. (a) Signature of funeral director: McLaughlin Bros
(b) Address: Sedalia, Mo.
19. (a) 1-4-48 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan. day: 1
year: 1948 hour: 8:30 minute: a. M.
21. I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ on ~~at~~ ~~corpse~~ 1/1/48, 19..., to ..., 19...;
that I last saw h... alive on ..., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death: Multiple Fractures of Skull, Int. injuries, Int. Hemorrhage
Due to: Train wreck
Due to: Two Trains running To-gether
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations:
Of autopsy:

Duration

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): accident
(b) Date of occurrence: 1/1/48
(c) Where did injury occur? Cooper (City or town) Mo (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Railroad Right of way (Specify type of place)
While at work? no (e) Means of injury:
23. Signature: Dr. H. L. Holshen (M.D. or other D.O.)
Address: 315 Fig. Bldg. Sedalia, Mo. Date signed: 1/4/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 1-12-48

JAN 16 1948

JAN 22 1948

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 K.P. McCrary

Licensed Embalmer No. 3153

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.