S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 13 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3637

Registration District No. 324

Primary Registration District No. 6082

Registrar's No. 22

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

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Arrow Rock, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Arrow Rock Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community All her life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Saline 97
(c) City or town Arrow Rock Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Arrow Rock Township
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary L. Hanes
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Louis Hanes
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased July (Month) 17th (Day) 1863 (Year)

8. AGE:

Years	Months	Days	If less than one day
84	6	5	..... hr. ..... min.

9. Birthplace Marshall (City, town, or county) Missouri (State or foreign country)
10. Usual occupation None
11. Industry or business
FATHER
12. Name Fredrick Mistler
13. Birthplace Unknown, (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Martha Hall
15. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs D.P.Mistler
(b) Address 632 N.Jefferson, Marshall, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 25, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Ridge Park cemetery
18. (a) Signature of funeral director Campbell-Lewis
(b) Address Marshall, Mo.
19. (a) Jan 26-48 (Date received local registrar) (b) Sidney F. Gray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22nd year 1948 hour 6 minute P M.
21. I hereby certify that I attended the deceased from Jan 15 1947, 19.. to Jan 19, 1948; that I last saw her alive on Jan 19, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Stomach	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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)
(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
23. Signature C. L. Lawless (M. D. or other)
Address Marshall Mo. Date signed 1-24-48

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

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 1-11-48

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 R. V. Campbell Jr.
Licensed Embalmer No. 3469
P. O. Address Marshall 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.