

No. 2
A-5-43
5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 24 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18401

Registration District No. 338 Primary Registration District No. 6112 Registrar's No. 14

1. PLACE OF DEATH:
(a) County SCOTT
(b) City or town NELSON-RURAL
(c) Name of hospital or institution RFD# 2
(d) Length of stay: In hospital or institution 16 yrs.
In this community 16 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County SCOTT
(c) City or town RFD# 2
(d) Street No. Rockview Inn
(e) Citizen of foreign country?

3. (a) PRINT FULL NAME FRANCIS O. HANNA
(b) If veteran name war
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 5 day 11
year 1948 hour 6 minute a M.
21. I hereby certify that I attended the deceased from 5/11 1948 to 5/11 1948
that I last saw him alive on 5/11/48
and that death occurred on the date and hour stated above.

4. Sex M (5. Color or race W.)
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife ETTA E. HANNA
6. (c) Age of husband or wife if alive 7 years
7. Birth date of deceased Nov. 17 1871

Immediate cause of death: Cardiac disease, Hypertension, Decompensation, Bronchial Asthma (Cardiac)
Due to: 2 yrs, 2 mos, 24 yrs
Other conditions: (Include pregnancy within 3 months of death)

8. AGE: Years 76 Months 5 Days 24
If less than one day hr. min.

9. Birthplace GALCONDA ILL.
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARMING

12. Name John Hanna
13. Birthplace GALCONDA ILL.
14. Maiden name NO RECORD TAX OR
15. Birthplace NO RECORD ILL.

16. (a) Informant Child Hanna
(b) Address RFD# 2

17. (a) BURIAL (b) Date thereof 5/13/48
(c) Place: burial or cremation STENYONCEM. DEETA

18. (a) Signature of funeral director
(b) Address

19. (a) 5/15/48 (b) Registrar's signature

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature W.D. Mumford (M. D. or other)
Address Chaffee Mo Date signed 5/12/48

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

MOTHER FATHER

RECEIVED

District Health Office No. 2

District File Number 548-66

Date Filed 5-21-48

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.....

A. J. Lomborg

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, 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.