No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 26 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 26343

Registrar's No. 3043

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 0
GENERAL HOSPITAL NO. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 HRS. (Specify whether years, months or days)
In this community NON-RESIDENT

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County Lafayette 54
(c) City or town WELLINGTON 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME MAE HANNA

3. (b) If veteran, name war ~~No~~

3. (c) Social Security No. ~~None~~

4. Sex FEMALE 3

5. Color or race NEGRO

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife JOHN HANNA

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased MAY (Month) 5, (Day) 1915 (Year)

8. AGE: Years 33 | Months 2 | Days 18 | If less than one day ____ hr. ____ min.

9. Birthplace LEXINGTON (City, town, or county) MISSOURI 0 (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business —

FATHER
12. Name (UNKNOWN) SLAUGHTER
13. Birthplace (City, town, or county) MISSOURI 0 (State or foreign country)

MOTHER
14. Maiden name (UNKNOWN) RICHARDSON
15. Birthplace (City, town, or county) MISSOURI 0 (State or foreign country)

16. (a) Informant JOHN HANNA (HUSBAND)
(b) Address WELLINGTON, MISSOURI

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 23, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Wellington, MISSOURI

18. (a) Signature of funeral director EWEL SHEPPARD
(b) Address Wellington, Missouri

19. (a) 7-26-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 23, year 1948 hour 6: minute 45 A.M.

21. I hereby certify that I attended the deceased from JULY 22, 1948 to JULY 23, 1948 that I last saw her alive on JULY 23, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death EPILEPSY	Duration
Due to	
Due to	
Other conditions: (Include pregnancy within 3 months of death) 85	

Major findings:
Of operations
Of autopsy SAME AS ABOVE

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

23. Signature [illegible] (M. D. or [redacted])
Address GENERAL HOSPITAL NO. 2 Date signed 7/23/48

(Licensed Embalmer's Statement on Reverse Side)

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 J. Blair Sheppard

Licensed Embalmer No. 4179

P. O. Address Wellington, Me.

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.