

FILED SEP 4 1948

Registration District No. 515

Primary Registration District No. 6280

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Wright  
(b) City or town Hartsville - Rural - Hart  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: at her home  
7 miles East of Hartsville  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether  
In this community 2 year  
years, months or days)

3. (a) PRINT FULL NAME BESSIE A. HANNAH

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Henry Hannah 6. (c) Age of husband or wife if alive 53 years  
7. Birth date of deceased 1 8 1892  
(Month) (Day) (Year)

8. AGE: Years 56 Months 5 Days 24 If less than one day hr. min.

9. Birthplace Hartsville (City, town, or county) MO (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER, FATHER

12. Name H. P. Hart  
13. Birthplace Tenn (City, town, or county) (State or foreign country)  
14. Maiden name Lizzie Stacey  
15. Birthplace MO (City, town, or county) (State or foreign country)

16. (a) Informant Henry Hannah  
(b) Address Hartsville MO

17. (a) Burial (b) Date thereof 7 3 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Steel Mem. Cem.

18. (c) Signature of funeral director Gene E. Holden  
(b) Address Hartsville, MO

19. (a) 8-18-48 (b) E. P. Garner  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Wright  
(c) City or town Hartsville Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7 miles East of Hartsville  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 2  
year 1948 hour 7:00 minute 05A.M.

21. I hereby certify that I attended the deceased from July 15th 1948 to July 2 1948  
that I last saw alive on and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of uterus

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 48B  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address [Address] Date signed 9/15/48

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

RECEIVED  
District Health Officer No. 6;  
District File Number 848-967  
Date Filed AUG 31 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... *Gene E. Holden*

Licensed Embalmer No. *3865*

P. O. Address... *Hartsville, 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.