. 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

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30153

FILED OCT 1 1948

Registration District No. 1948 Primary Registration District No. 3127 Registrar's No. 176

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 834 N Prospect
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 60 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Webb City 6
(If outside city or town limits, write "RURAL")
(d) Street No. 834 N Prospect 2
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George W Hanna
3. (b) If veteran, name war No
3. (c) Social Security No. 488-16-1257
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 24 (Day) 1883 (Year)

8. AGE: Years 65 Months 4 Days 28 If less than one day hr. min.

9. Birthplace Golden City (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Hoister in mines
11. Industry or business
FATHER
12. Name Solman Hanna
13. Birthplace Burlington (City, town, or county) Ind. (State or foreign country)
MOTHER
14. Maiden name Eliza Ann Appenzellar
15. Birthplace (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Mrs. Dora Rose
(b) Address 834 N Prospect WEBB CITY, MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 25 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Carterville Cem.
18. (a) Signature of funeral director WEBB CITY UND. CO
(b) Address 400 W Daugherty WEBB CITY, MO
19. (a) SEPT. 25, 1948 (Date received local registrar) (b) [signature] (Registrar's signature) 127

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22
year 1948 hour 10 minute 30 AM.

21. I hereby certify that I attended the deceased from Mar 10, 1947, to Sept 22, 1948
that I last saw him alive on Sept 21, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	5 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 13 B	
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) 0
While at work (e) Means of injury
23. Signature James V. Flaherty M. D. ~~or other~~ MD
Address Carterville Mo Date signed 9-25-48

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

0

48-9-795

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 D. Ross Blanford

Licensed Embalmer No. 4015

P. O. Address Nebb City 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.