

S. No. 2
1-1/47
5-17-39

FILED NOV 3 1948
Registration District No. **1987**

Primary Registration District No. **4499**

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

1. PLACE OF DEATH:

(a) County **Shelby**
(b) City or town **Shelbina**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **/**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **33 Years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Shelby** **102**
(c) City or town **Shelbina** **2**
(If outside city or town limits, write "RURAL")
(d) Street No. **0**
(If rural, give location) **0**
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Joseph Phillip Hanegan**
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Tillie Hanegan**
6. (c) Age of husband or wife if alive **69** years
7. Birth date of deceased **March 14th 1869**
(Month) (Day) (Year)

8. AGE: Years **79** Months **7** Days **11**
If less than one day **hr. min.**

9. Birthplace **Buffalo New York**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **Carpenter**

12. Name **Joseph Hanegan**

13. Birthplace **Buffalo New York**
(City, town, or county) (State or foreign country)

14. Maiden name **Barbara DeLanotto**

15. Birthplace **Alsace France**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Tillie Hanegan**
(b) Address **Shelbina Mo**

17. (a) **Burial** (b) Date thereof **10/27/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pleasant Prairie**

18. (a) Signature of funeral director **Million & Barkeley**
(b) Address **Shelbina Mo**

19. (a) **Oct 26-48** (b) **Ruth Joynes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **25th**
year **1948** hour **11** minute **45** A. M.
21. I hereby certify that I attended the deceased from **March**
19 **48** to **Oct 25** 19 **48**
that I last saw him live on **Oct 25** 19 **48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion** **15m**
chronic nephritis **3 yr.**
hypertension

Due to **131 B**

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 **2**
23. Signature **A. L. Simpson** (M. D. or other) **100**
Shelbina Mo Address Date signed **Oct 26-48**

RECEIVED

District Health Office No. 18
State File Number 11-22-18-58
Date Recd. NOV 1 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 Curry A. Larkelaw

Licensed Embalmer No. 3835

P. O. Address Shelburne, 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.