

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36054

FILED DEC 15 1948

Registration District No. 100

Primary Registration District No. 3018

Registrar's No. 97

1. PLACE OF DEATH:

(a) County Dent

(b) City or town Salem Missouri Route # 2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 50 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent 33

(c) City or town Salem Mo. Route # 2
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Richard-Lee-Hanger

3. (b) If veteran, ✓ name war _____

3. (c) Social Security No. 495-18-0164

4. Sex M | 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dice Hanger

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased May 3 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

61 6 29 hr. min.

9. Birthplace Van Buren Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Saw mill man

11. Industry or business _____

MOTHER FATHER

12. Name Firman De Laque Hanger

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Jenny Stiles

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Firman F Hanger

(b) Address Salem MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 4, 1948
(Month) (Day) (Year)

(c) Place: burial or cremation Empire Cemetery

18. (a) Signature of funeral director Hobson & Brantner

(b) Address Salem Mo

19. (a) 100 W-48 (Date received local registrar) (b) M. M. Hart M.D. (Registrar's signature)

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from Nov 29 1948 to Dec 1 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Tobacco P & a

Duration 8 Days

Due to Influenza

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations ✓

Of autopsy No 330

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) No

(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? 0

While at work ✓ (Specify type of place) Means of injury _____

23. Signature J. G. Dillan (M. D. or other) MD
Address Salem MO Date signed 12.4.48

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

RECEIVED 12-6-48
District Health Officer No. 6
Number 12-6-48
Date Filed

AUG 26 1957

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 Edward F. Broyles
Licensed Embalmer No. 4553
P. O. Address Salem 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.