S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

37798

State File No.

FILED DEC 7 1948

Registration District No. 3486

Primary Registration District No. 6075

Registrar's No. 382

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

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington RURAL St.Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Missouri State Hospital No. 4 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 yrs. 10 mos. 13 das.
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County ~~St. Louis~~ 17
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. City Sanitarium 1
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Denmark

3. (a) PRINT FULL NAME GEORGE HANSON
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Charlotte Hanson
6. (c) Age of husband or wife if alive Age Unknown years
7. Birth date of deceased Unknown (Month) Unknown (Day) Abt. 1872 (Year)

8. AGE: Years About 76 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Unknown (City, town, or county) Denmark (State or foreign country) 2
10. Usual occupation Plasterer
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Denmark (State or foreign country) 4
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Denmark (State or foreign country) 4
16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 24, 1948. (Month) (Day) (Year)
(c) Place: burial or cremation To Washington University Anatomy Dept. St. Louis, Missouri
18. (a) Signature of funeral director Via Miller Funeral Home.
(b) Address Farmington, Missouri
19. (a) 12-3-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature) 284

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19
year 1948 hour 8 minute 50 P. M.

21. I hereby certify that I attended the deceased from November 19, 1948, to November 19, 1948; that I last saw him alive on November 19, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Coronary occlusion	24 hrs.
Due to Hypertensive C.V.R. Disease	6 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death) Alcoholic Psychosis with senile changes	

Major findings:
Of operations
Of autopsy No autopsy. 13

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 X

23. Signature John A. Benna M.D. (M. D. or other)
Address State Hosp. #4, Farmington Mo. Date signed 12/2/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1248-1534

Date Filed 12-6-48

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 — not embalmed Registered Apprentice No. — working under my personal supervision.

Signed Paul K Dugal

Licensed Embalmer No. 4150

P. O. Address Farmington 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.