

No. 309  
-10-47  
5-17-39  
PI 3808

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED JAN 5 1949

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 39282

Registration District No. 13

Primary Registration District No. 3003

Registrar's No. 91

1. PLACE OF DEATH:

(a) County Barry  
(b) City or town Mohatt  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
910 - 4th Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days) 6 months

3: (a) PRINT FULL NAME Rose J Hanson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex FM / 5. Color or race W  
6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Pete Hanson  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Mar 20 1965  
(Month) (Day) (Year)

8. AGE: Years 83 Months 9 Days 7  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Rich Hill Mo. O  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

12. Name John Dawson

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

14. Maiden name Mary Lang

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

16. (a) Informant Mrs Lewis Garrison

(b) Address Pierce City, Mo

17. (a) Burial (b) Date thereof 12-29-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pierce City Mo

18. (a) Signature of funeral director Wm J Wessell  
(b) Address Pierce City Mo

19. (a) 12-29-48 (b) W. M. West  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lawrence  
(c) City or town Pierce City Mo  
(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: \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27  
year 1948 hour 11:00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 1936  
\_\_\_\_\_, 19\_\_\_\_, to Dec 27, 1948;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac insufficiency 2 days  
Mitral & tricuspid valves  
Due to \_\_\_\_\_

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

Major findings:  
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)  
(b) Means of injury \_\_\_\_\_  
23. Signature Charles Moore (M. D. or other) MD  
Address Pierce City, Mo Date signed 12/29/48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 1248-1427

Date Filed 12-31-48

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 \_\_\_\_\_

Charles E. Schroeder

\_\_\_\_\_, Registered Apprentice No. 227

working under my personal supervision.

Signed

Gordon Barnett

Licensed Embalmer No. 4213

P. O. Address Monett Missouri

**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.