

FILED JAN 4 1948  
Registration District No. **248**

Primary Registration District No. **5831**

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

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Rural Frank in  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)

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

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Jessie Anna Hance

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female / 5. Color or race W

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

6. (b) Name of husband or wife James E. Hance

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased October 14 1882  
(Month) (Day) (Year)

8. AGE: Years 66 Months 1 Days 17  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Alabama  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife  
" " " "

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

12. Name Christopher Tidewell

13. Birthplace Not Known 9  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Scott

15. Birthplace Not Known 9  
(City, town, or county) (State or foreign country)

16. (a) Informant J. E. Hance

(b) Address Stella, Mo.

17. (a) Burial (b) Date thereof 12-3-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Macedonia Cem. Stella

18. (a) Signature of funeral director Wm. [Signature]

(b) Address Wheaton, Mo.

19. (a) 12-30-48 (b) Alpha Dyer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 23

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. Stella, Mo. R#  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 1  
year 1948 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from 12-1-47  
\_\_\_\_\_ 1947 to 12-1- 1948;  
that I last saw her alive on 12-1- 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver Duration 1 yr.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: 460 F  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? 2nd fl.

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed 12/2/48

RECEIVED  
District Health Officer No. *Thompson Co Health Dept*  
District File Number *149-2*  
Date Filed *1-3-49*

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 *Wm M. Spivey*  
Licensed Embalmer No. *3442*  
P. O. Address *Wheaton, 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.