

FILED FEB 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

789

State File No.

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

BIRTH NO. _____		REG. DIST. NO. <u>104</u>		PRIMARY REG. DIST. NO. <u>4176</u>		Registrar's No. <u>3</u>	
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Ark.</u> b. COUNTY <u>Clay</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Malden</u>		c. LENGTH OF STAY (In this place) <u>3 mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Francis</u>		3	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Maggie</u>		b. (Middle) <u>Elizabeth</u>		c. (Last) <u>Hanna</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-16-49</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct. 14, 1873</u>	
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months <u>3</u> Days _____		IF UNDER 2 WRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Frank Hoyt</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Hartmann</u>		14. NAME OF HUSBAND OR WIFE <u>D.M. Hanna</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ernest Hanna - St. Francis Ark.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cerebral Damage</u>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Damage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1/15/49</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		DUE TO (b) <u>High Blood Pressure</u>		3 yrs	
				DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>444</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>2</u>			
22. I hereby certify that I attended the deceased from <u>1/15</u> , 19 <u>49</u> , to <u>1/16</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>1/16</u> , 19 <u>49</u> , and that death occurred at <u>7:00 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Type or Print) <u>J. C. Schuman</u>				23b. ADDRESS <u>Malden</u>		23c. DATE SIGNED <u>1/17/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-20-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hall Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Clay Co. Ark.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 18, 1949</u>		REGISTRAR'S SIGNATURE <u>J. C. Schuman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond P. Pappert</u>		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 49-164

Date Filed 1-31-49

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 me

Student Embalmer No. _____

working under my personal supervision.

Signed Lloyd Russell

Signed _____
Student Embalmer

Licensed Embalmer No. 509 Ark.

P. O. Address Osgott Ark

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.