

FILED APR 1 1950

STANDARD CERTIFICATE OF DEATH

State File No. **7707**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 372

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (in this place) <u>49 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1114 Corby Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1114 Corby Street</u>		d. STREET ADDRESS (If rural, give location) <u>1114 Corby Street</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Abraham</u>	b. (Middle) <u>Johnson</u>	c. (Last) <u>Hanes</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 20, 1950.</u>
-------------------------------------	---------------------------	----------------------------	------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>September 14, 1866</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
--------------------	-------------------------------	---	--	---	------------------------	----------------------	------------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired R.R. Engineer.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>C. G. W. RR.</u>	11. BIRTHPLACE (State or foreign country) <u>Norwick, Ohio.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	---	---	---

13a. FATHER'S NAME <u>Thomas Hanes</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Dane.</u>	14. NAME OF HUSBAND OR WIFE <u>Ada Hanes</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give way or dates of service) <u>*****</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ada Hanes</u>	ADDRESS <u>St. Joseph, Mo.</u>
---	-------------------------------------	---	--------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		<u>3 yr.</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Smoking</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from 3/20, 1950, to 3/20, 1950, that I last saw the deceased alive on 3/20, 1950, and that death occurred at 7:00A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank H. Hagan</u> (Degree or title)	23b. ADDRESS <u>620 Jackson St. St. Joseph, Mo.</u>	23c. DATE SIGNED <u>3/21/50</u>
--	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 23, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri.</u>
---	--------------------------------	--	--

DATE RECD BY LOCAL REG. <u>Mar 28, 1950</u>	REGISTRAR'S SIGNATURE <u>H. B. Jenkins</u> 382	FUNERAL DIRECTOR'S SIGNATURE <u>Walter Meierhoff</u> ADDRESS <u>1946 Colhoun St. St. Joseph, Mo.</u>
---	--	--

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

6117

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 *****

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed Albert R. Harrington

Licensed Embalmer No. 6258 Missouri.

P. O. Address St. Joseph, 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.