

MAR 31 1952

STANDARD CERTIFICATE OF DEATH

State File No. 7405

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 313

1. PLACE OF DEATH
 a. COUNTY Buchanan
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 25 Yrs.
 c. LENGTH OF STAY (in this place)
 d. FULL NAME OF HOSPITAL OR INSTITUTION 1615 So. 12 St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Mo. b. COUNTY Buchanan
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph
 d. STREET ADDRESS (If rural, give location) 1615 So. 12 St.

3. NAME OF DECEASED
 a. (First) Mark b. (Middle) J. c. (Last) Hannan
 (Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)
 3/ 19/ 52

5. SEX M 6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH 12/6/1882

9. AGE (In years last birthday) 69
 IF UNDER 1 YEAR: Months Days
 IF UNDER 1 HR.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nat. Biscuit Employee-Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Charles E. Hannan

13b. MOTHER'S MAIDEN NAME Mary A. McEvoy

14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
 Florence Hannan, St. Joseph, Mo.

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)
 *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) *Heart Disease Arteriosclerosis*
 ANTECEDENT CAUSES
 Morbid 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. *Influenza*

INTERVAL BETWEEN ONSET AND DEATH
Died suddenly
 4 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
 4200

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Nov 18, 1952*, to *Mar 19, 1952*, that I last saw the deceased alive on *Mar 18, 1952*, and that death occurred at *2 a. m.*, from the causes and on the date stated above.

23a. SIGNATURE *John L. Byrnes* (Degree or title) M.D.

23b. ADDRESS *St. Joseph Mo*

23c. DATE SIGNED *3-20-52*

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 3/21/52

24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery

24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.

DATE REC'D BY LOCAL REG. MAR 24, 1952

REGISTRAR'S SIGNATURE *Carl C. Casper*

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS *Victor Barry St. Joseph Mo.*

(Licensed Embalmer's Statement on Reverse Side)

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

2117

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Victor Barry

Signed.....
Student Embalmer

Licensed Embalmer No. *14212*

P. O. Address *St Joseph 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.