

FILED MAR 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6268
2165

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE ILLINOIS b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St Louis Infirmiry		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Sparta
d. FULL NAME OF HOSPITAL OR INSTITUTION: St Marys Infirmiry		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print)		a. (First) John	b. (Middle) Hanna
		c. (Last) Hanna	4. DATE OF DEATH (Month) (Day) (Year) 3-7-1954

5. SEX Male 2	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 4 1872	9. AGE (In years last birthday) 81	if UNDER 1 YEAR Months	if UNDER 2 WKS. Days	if UNDER 2 HRS. Hours	if UNDER 2 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Coal Miner		11. BIRTHPLACE (City and State or Foreign Country) Rising Farm Ga /		12. CITIZEN OF WHAT COUNTRY? US		

13a. FATHER'S NAME Louis Hanna		13b. MOTHER'S MAIDEN NAME Ellen Gordon		14. NAME OF HUSBAND OR WIFE Alice Hanna	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Laxada White 3279 Page St Louis MO			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Melanotic Carcinoma</i>				1 yr.
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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? 1561

22. I hereby certify that I attended the deceased from 3/4 1954, to 3/7 1954, that I last saw the deceased alive on 3/5 1954 and that death occurred at 2 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Edward Russell</i>	23b. ADDRESS 3720 Woodington	23c. DATE SIGNED 3/8/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 3-8-1954	24c. NAME OF CEMETERY OR CREMATORY Caladonia	24d. LOCATION (City, town, or county) (State) J Sparta Ill
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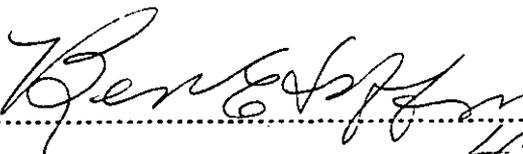
DATE REC'D BY LOCAL REG. MAR 9 1954	REGISTRAR'S SIGNATURE <i>Charles Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE Walker Funeral Home	ADDRESS Sparta Ill
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No.....

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.