

FEDERAL BUREAU OF INVESTIGATION  
 U.S. DEPARTMENT OF JUSTICE  
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**FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-033885**

FILED VS  
 INDEXED

**OCT 11 1960** 042 Primary Registration District No. **1000** Registrar's No. **1037**

STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Buchanan</b> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph</b> Length of stay in 1b <b>5 Yrs.</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b> c. CITY OR TOWN <b>St. Joseph</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <b>2618 Francis Street</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
<b>3. NAME OF DECEASED</b> (Type or print) First <b>Ora</b> Middle <b>F.</b> Last <b>Hanner</b>				<b>4. DATE OF DEATH</b> Month <b>October</b> Day <b>3</b> Year <b>1960</b>									
<b>5. SEX</b> <b>Male</b>		<b>6. COLOR OR RACE</b> <b>White</b>		<b>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></b>		<b>8. DATE OF BIRTH</b> <b>August 10, 1904</b>		<b>9. AGE (last birthday)</b> <b>56</b>		<b>IF UNDER 1 YEAR</b> Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>		<b>IF UNDER 24 HR</b> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Div. Manager</b>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Waddell &amp; Reed Inc.</b>		<b>11. BIRTHPLACE</b> (City and state or country) <b>Fillmore, Missouri</b>		<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U.S.A.</b>					
<b>13a. FATHER'S NAME</b> <b>Charles Hanner</b>				<b>13b. MOTHER'S MAIDEN NAME</b> <b>Lodinah Van Deventer</b>				<b>14. NAME OF HUSBAND OR WIFE</b> <b>Virginia C. Hanner</b>					
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				<b>16. SOCIAL SECURITY NO.</b> <b>330-05-1441</b>		<b>17. INFORMANT</b> Address <b>Virginia C. Hanner St. Joseph, Mo.</b>							
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Uremia</b> DUE TO (b) <b>Polycystic disease</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH <b>2 wks</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/>		<b>SUICIDE</b> <input type="checkbox"/>		<b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)					
<b>20c. TIME OF INJURY</b> Hour _____ Month, Day, Year _____ a.m. p.m.													
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)				<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b>		<b>STATE</b>			
<b>21. I attended the deceased from</b> <b>Sept 1960</b> to <b>Oct 3, 1960</b> and last saw him alive on <b>Oct 3, 1960</b> Death occurred at <b>9:32 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.													
<b>22a. SIGNATURE</b> (Degree or title) <b>G.T. Carpenter M.D.</b>						<b>22b. ADDRESS</b> <b>902 Edmund</b>				<b>22c. DATE SIGNED</b> <b>10/5/60</b>			
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>		<b>23b. DATE</b> <b>October 6, 1960</b>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Memorial Park Cemetery</b>		<b>23d. LOCATION (City, town, or county)</b> <b>St. Joseph, Missouri</b>							
<b>24. FUNERAL DIRECTOR</b> ADDRESS <b>Memorial Park Cemetery, St. Joseph, Mo.</b>					<b>25. DATE RECD. BY LOCAL REG.</b> <b>Oct 8, 1960</b>		<b>26. REGISTRAR'S SIGNATURE</b> <b>Mrs. Clark Standell</b>						

DOCUMENT BY AFFIDAVIT OF G.T. CARPENTER, M.D., CERTIFICATION

OCT 18 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Eric J. Shuman*

Licensed Embalmer No. 467

P. O. Address St. George

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.