

FILED FEB 16 1942
347

Registration District No. 347

Primary Registration District No. 3018

Registrar's No. _____

1. PLACE OF DEATH:

(a) County HENRY
(b) City or town CLINTON MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 70 yr. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County HENRY
(c) City or town CLINTON MO
(If outside city or town limits, write "RURAL")
(d) Street Rural (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRANKLIN J HANGER

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife INEZ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. 4 13-1871
(Month) (Day) (Year)

8. AGE: Years 70 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace HENRY CO MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Benjamin S Hanger

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Barlow

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Thomas

(b) Address Clinton MO

17. (a) Burial (b) Date thereof 1-10-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Drakes Chapel

18. (a) Signature of funeral director Fred Wilkerson

(b) Address Clinton MO

19. (a) Jan. 10, 1942 Georgia Kitchen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 8
year 42 hour 3 minute 30 PM

21. I hereby certify that I attended the deceased from 1939 to Jan. 8 1942
that I last saw him alive on about Dec 15 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of prostate Duration 6 months

Due to _____
Due to 516

Other conditions paralysis agitans
(Include pregnancy within 3 months of death) ulcer

PHYSICIAN
Major findings: none
Of operations: none
Of autopsy: none
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence none

(c) Where did injury occur? none
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? _____ (c) Means of injury no

23. Signature S. B. Hughes (M. D. or other) MD

Address Clinton MO Date signed 1/8/42

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

MOTHER FATHER

42
1
2

800

88

800

FEB 20 1942

RECEIVED

District Health Officer No. 7

District File Number 2-42-68

Date Filed 2-11-42

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Fred Wickert

Licensed Embalmer No. 2478

P. O. Address Clinton MA

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.