

**MAR 19 1941**  
Registration District No. 47

Primary Registration District No. 3029

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

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1502 North Hayden  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Anna Elizabeth Hafner

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased November 23, 1854  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

86 2 11 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Hannibal Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Daniel L. Hafner

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

14. Maiden name Mary Ann Hardy

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

16. (a) Informant: D. W. Hafner Jr.

(b) Address 502 North Hayden

17. (a) Burial (b) Date thereof: 2/6/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olivet

18. (a) Signature of funeral director: Crawford Smith

(b) Address 902 Broadway

19. (a) Feb. 10, 1941 (b) M. C. Fisher  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

(c) City or town Hannibal 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 502 North Hayden 4  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 4  
year 1941 hour 12 minute 40 P.M. M.

21. I hereby certify that I attended the deceased from 1-15  
\_\_\_\_\_, 1941, to 2-4, 1941;  
that I last saw his alive on 2-4, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Chronic myocarditis 3 yrs

Due to Influenza 3 weeks

Due to Chronic endocarditis 3 yrs

Other conditions Diabetes mellitus 2 yrs  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations 61

Of autopsy \_\_\_\_\_

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) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

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

Yes (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_

23. Signature Harold Fisher MD (M. D. or other) \_\_\_\_\_  
Address Hannibal, Mo Date signed 2-7-41

**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 *James A Moles*.....  
Licensed Embalmer *5296*.....

P. O. Address *Hannibal 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.**