

1. PLACE OF DEATH:

(a) County HENRY  
 (b) City or town CLINTON  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: CLINTON GENERAL HOSPITAL  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 DAYS  
 (Specify whether  
 In this community ENTIRE LIFE  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry 42  
 (c) City or town Clinton, Mo. 0  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 7th Township - R# 6 0  
 (If rural, give location) 0  
 (e) Citizen of foreign country? NO. (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

WILLIAM T. HANGER

3. (b) If veteran,

name war NONE

3. (c) Social Security No.

NONE

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Betha Buecknidge Hanger

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Jan. 8, 1874  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
73 11 2 hr. 1 min.

9. Birthplace Henry Co. Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation FARMER, & BLACKSMITH

11. Industry or business

12. Name BENJAMIN D. HANGER

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

14. Maiden name JOSEPHINE BARLOW

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

16. (a) Informant Ethel D. Hanger

(b) Address Clinton, Mo. R# 6

17. (a) BURIAL (b) Date thereof 12-12-47  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brown Cemetery

18. (a) Signature of funeral director W. H. Clausant

(b) Address Clinton, Mo.

19. (a) 12-11-47 (b) R. H. Kenney  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10  
 year 1947 hour 10 minute 40 A. M.

21. I hereby certify that I attended the deceased from Feb 8  
 1947, to Dec 10 1947  
 that I last saw him alive on Dec 10 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis

Due to Chronic nephritis 6 mo.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy 131B

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature W. Smith (M. D. or other MO)

Address Clinton, Mo. Date signed 12-11-47

Duration 9 mo.

PHYSICIAN

Underline the cause of which death should be charged statistically.

MOTHER FATHER

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

RECEIVED  
District Health Officer No. 7,  
District No. 11-47-1441  
District File Number 12-17-47  
Date Filed

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

*H. J. Vansant*

Licensed Embalmer No.

*3779*

P. O. Address

*Clinton*

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.