S. No. 2
M—8-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 29 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3411

Registration District No. 317 Primary Registration District No. 6176 Registrar's No. 3589

1. PLACE OF DEATH:
(a) County St; Louis County
(b) City or town Berkley, 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 years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stl Loui
(c) City or town Berkley (If outside city or town limits, write "RURAL")
(d) Street No. ~~Airport~~ and Garfield Rds Airport (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Harriet (Hettie) Hannon
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 widowed
6. (b) Name of husband or wife Ed. Hannon
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 14 (Day) 1863 (Year)

8. AGE:	Years	Months	Days	If less than one day
	81	2	13	hr. min.

9. Birthplace Franklin Co. Mo (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Amos Strange
13. Birthplace Missoui (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Boecock
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant daughter
(b) Address Berkley, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 30 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Zion Cemetery
18. (a) Signature of funeral director Larry M. White
(b) Address Ferguson, Mo.
19. (a) DEC 30 1944 (Date received local registrar) (b) E. T. McLawran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27 year 1944 hour 6 minute 30 A.M.
21. I hereby certify that I attended the deceased from 12/3, 1944, to 12/27, 1944
that I last saw her alive on 12/26, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemiplegia	3 days
Due to Senility Arteriosclerosis	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	PHYSICIAN
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? (Specify type of place)
While at work? (e) Means of injury
Signature W. O. Hughes (M. D. or other) M.D.
Address Ferguson Mo Date signed 12/28/44

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(Licensed Embalmer's Statement on Reverse Side)