

DEC 15 1939

Registration District No. 296Primary Registration District No. 4120

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Franklin 2
(b) City or town Union mo
(c) Name of hospital or institution:
(If outside city or town limits, write "RURAL" and name of township)(d) Length of stay: In hospital or institution _____
(Specify whether _____)In this community _____
(years, months or days) 483. (a) PRINT
FULL NAMEMargaret E. Hansen3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex Female5. Color or
race white6. (a) Single, widowed, married,
divorced widowed6. (b) Name of husband or wife
John Hansen6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased

April
(Month)18
(Day)1868
(Year)

8. AGE:

Years

Months

Days

If less than one day

7176

hr. min.

9. Birthplace

Wisconsin
(City, town, or county)mo.
(State or foreign country)

10. Usual occupation

House work

11. Industry or business

12. Name

John Haberberger

13. Birthplace

Germany
(City, town, or county)mo.
(State or foreign country)

14. Maiden name

Margaret Spalding

15. Birthplace

Germany
(City, town, or county)mo.
(State or foreign country)

16. (a) Informant's own signature

Ruth Kobinsky

(b) Address

Union mo17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof

11 28 1939
(Month) (Day) (Year)(c) Place: burial or cremation Union mo

18. (a) Signature of funeral director

E. J. Ottmann

(b) Address

Union mo19. (a) 11-25-39
(Date received local registrar)(b) Samuel T. Hawk, M.D.
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Franklin(c) City or town Union mo.
(If outside city or town limits, write "RURAL")(d) Street No. _____
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November, day 24
year 1939 hour _____ minute 50 P. M.21. I hereby certify that I attended the deceased from Nov 9
1939, to Nov 24, 1939.that I last saw her alive on Nov 24, 1939,
and that death occurred on the date and hour stated above.

Immediate cause of death

Tularemia

Duration

15 daysDue to Cut finger while
cleaning rabbit

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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

(a) Accident, suicide, or homicide (specify) X(b) Date of occurrence X(c) Where did injury occur? X (City or town) _____ (County) _____ (State) _____(d) Did injury occur in or about home, on farm, in industrial place, in public place? XWhile at work? X (Specify type of place) _____ (e) Means of injury X23. Signature Wm. L. Brown (M. D. or other) MDAddress Union mo Date signed 11-25-39

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 E. A. Oldman

Licensed Embalmer No. 1686

P. O. Address Union Mo

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, above space should be left blank.