

FD AUG 16 1940

Registration District No. 206

Primary Registration District No. 5424

State File No. _____

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Gasconade *Brunel Jop*
(b) City or town Stonyhill
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 18 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade
(c) City or town Stonyhill
(If outside city or town limit, write "RURAL")
(d) Street No. 0 *Brunel Jop*
(If rural, give location)
(e) If foreign born, how long in U. S. A? Always years.

3. (a) PRINT FULL NAME Maria Wilhemina Hahne 500

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

7. Birth date of deceased July 12 1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>0</u>	<u>3</u>	hr. _____ min. _____

9. Birthplace Drake, Missouri
(City, town, or county) (State or foreign country) 1

10. Usual occupation House wife

11. Industry or business _____

12. Name Ernest Krone 6

13. Birthplace Germany
(City, town, or county) (State or foreign country) 6

14. Maiden name Wilmen Witlock 6

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

16. (a) Informant Oscar P. Hahne

(b) Address Stonyhill, Mo.

17. (a) Burial (b) Date thereof July 18-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany- Big Berger

18. (a) Signature of funeral director Hermann Blasius

(b) Address Berger, Mo.

19. (a) July 16, 40 (b) John Engelbrecht
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15th
year 1940 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from July 15, 1940, to July 15, 1940
that I first saw her alive on July 15, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Disease of the coronary arteries atherosclerosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 94/10

Major findings: Of operations _____

Of autopsy no autopsy

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? 277

(Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature John Engelbrecht (M.D. or other) 1

Address Stony Hill, Mo. Date signed 7-16-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 Herman Blossner

Licensed Embalmer No. 528

P. O. Address Begun, 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.