

7-30  
7-39  
K23159

Registration District No. 881

Primary Registration District No. 6171

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

1. PLACE OF DEATH:

(a) County WARREN

(b) City or town TRUESDALE *Ch. Home*

(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 \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days 2

3. (a) PRINT FULL NAME KISIRAH C. HANNAR

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. none

4. Sex Female 5. Color or race White

6. (a) Single, widowed, ~~married~~, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Feb. 11, 1861

(Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace WARREN CO. MO.

(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

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

MOTHER FATHER { 12. Name Thomas Wilson 0

13. Birthplace MO. 0

(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Hepp

15. Birthplace MO.

(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Viola Cook

(b) Address Warrenton, Mo.

17. (a) Burial (b) Date thereof Dec. 15, 1940

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Macedonia Ch. Cemetery

18. (a) Signature of funeral director F. W. Nieburg & Son

(b) Address Warrenton, Mo.

19. (a) Dec 16, 1940 (b) Art Ebeling

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WARREN

(c) City or town TRUESDALE

(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 10 day 13

year 1940 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 10

\_\_\_\_\_ 1940 to Dec 13 1940

that I last saw her alive on Dec 13 \_\_\_\_\_ 1940

and that death occurred on the date and hour stated above.

Immediate cause of death Polio or Brain

Monia following Dia.

ates Malitus & Broken

hip

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

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

Duration \_\_\_\_\_

rural

roads

2 mi

distance

Other conditions fevility

(Include pregnancy within 3 months of death)

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

Of operations \_\_\_\_\_

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

PHYSICIAN \_\_\_\_\_

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? CO

(Specify type of place) \_\_\_\_\_

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

23. Signature John H. Dippe (M. D. or other) \_\_\_\_\_

Address Warrenton, Mo. Date signed Dec 14

1442  
94

**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 John T. Meberg.....  
Licensed Embalmer No. 3897.....

P. O. Address Warrenton, m.....

**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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. 44178

Registration District No. 881

Primary Registration District No. 6171

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Warren  
(b) City or town Self Horn T.P.  
(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 \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(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.

3. (a) PRINT FULL NAME Kisirah C. Hannar

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

4. Sex 7 5. Color or race w 6. (a) Single, widowed, married, divorced wid

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant (b) Address

17. (a) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Dec day 13 year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Robert pneumonia following diabetes mellitus broken hip.

Question 22 - She slipped and fell in her bedroom November 8th - 1940 - at her home in St. Charles, Missouri. She was taken to St. Joseph's Hospital in St. Charles, Mo. 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) suicide

(b) Date of occurrence above

(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 (Specify type of place) (e) Means of injury

23. Signature Blue H. Dyer (M. D. or other)

Address Warren Mo Date signed Feb 24 41

SUPPLEMENTAL 1864

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

