

No. 2
4-13-40
5-17-37

APR 15 1941
Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 289

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

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
605 N5th.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 (Specify whether
 years, months or days) In this community 5 years

3. (a) PRINT FULL NAME CARRIE S. HAHN
 3. (b) If veteran, name war none 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Richard Hahn 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Mar. 4th. 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>0</u>	<u>4</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name William R. Adams
 13. Birthplace unknown Indiana
(City, town, or county) (State or foreign country)
 14. Maiden name Rachel Moore
 15. Birthplace unknown Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E.R. Kimber

(b) Address 1711 Crescent Dr. St. Joseph

17. (a) Removal (b) Date thereof 3 - 10 - 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oregon, Mo. Oregon Cem.

18. (a) Signature of funeral director FLEEMAN & SON, INC.
 (b) Address St. Joseph, Mo.

19. (a) 3-10-1941 (b) J. J. Neatle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 11
 (a) State Mo. (b) County Buchanan
 (c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 605 N. 5th.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8
 year 1941 hour 7 minute 0 M.
 21. I hereby certify that I attended the deceased from Dec 25
 _____, 1937, to March 8, 1941;
 that I last saw her alive on March 8, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic myocardial insufficiency
 Due to arteriosclerosis General
 Other conditions None
 Major findings: Of operations None
 Of autopsy None

Duration
unknown
 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?
 While at work? _____ (Specify type of place)
 (e) Means of injury _____
 Signature W. J. Neatle (M. D. or other)
 Address St. Joseph, Mo. Date signed 3/10/41

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 _____

working under my personal supervision.

Registered Apprentice No. _____

Signed _____

Licensed Embalmer No. 5955

P. O. Address St. Joseph, 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, fact should be so stated above.