

FILED JUL 18 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21644

Do not use this space.

1. PLACE OF DEATH

(a) County Gasconade Registration District No. 303
 (b) Township..... Primary Registration District No. 4182 Registered No. 37
 (c) City Hermann or (d) Street No. 1 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

JOSEPH WARREN HANEY
 (a) Residence, No. Hermann, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Haney</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 23, 1870</u>		
7. AGE YEARS <u>71</u>	MONTHS <u>3</u>	DAYS <u>14</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Lowring /
(STATE OR COUNTRY) Kansas

FATHER 13. NAME Geo. Haney
14. BIRTHPLACE (CITY OR TOWN) Unknown 9
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Martha Staton
16. BIRTHPLACE (CITY OR TOWN) Unknown 7
(STATE OR COUNTRY)

17. INFORMANT Mrs. Anna Haney
(ADDRESS) Hermann, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE M.E. Cem. - Rhineland 6/10 41

19. FUNERAL DIRECTOR (NAME) Hugo H. Blumer
(ADDRESS) Hermann, Missouri 276

20. FILED 7-9 1941 Anna K. Rickhoff
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7 1941

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1941, to June 7 1941
 I last saw him... alive on June 6 1941. Death is said to have occurred on the date stated above, at 12:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Endocarditis

Date of onset

Feb 1, 41

Other contributory causes of importance:

Enlargement of heart and
arteriosclerosis

Name of operation None Date of.....
 What test confirmed diagnosis? General Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify.....
 (Signed) H. J. Rickhoff M. D.
 (Address) Hermann, Mo.

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.....

Hegost Bleumer

Licensed Embalmer No. 3160.....

P. O. Address Hermann, 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.