

S. No. 2  
11-10-39  
v. 5-17-39  
I X21492

3936

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED FEB 16 1942

Registration District No. 8

Primary Registration District No. 6162

Registrar's No. 25

1. PLACE OF DEATH

(a) County Monroe

(b) City or town Rural - Washington Co. Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
State Hosp # 312  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 yrs 2 months  
(Specify whether)

In this community Same  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper <sup>105</sup>

(c) City or town Joplin  
(If outside city or town limit, write "RURAL")

(d) Street No. 408 N. Jackson  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Herbert Hakan

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

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17  
year 1942 hour 2 minute 50 A.M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rose Hakan

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

7. Birth date of deceased Aug 15 1884  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 15, 1938, to Jan 17, 1942  
that I last saw him alive on Jan 16, 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

57 5 2 hr. min.

Immediate cause of death

Central Nervous system  
syphilitic Paralysis <sup>8 yrs</sup>

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

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

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

Other conditions (Include pregnancy within 3 months of death) 30

10. Usual occupation Optometrist

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

MOTHER FATHER { 12. Name Bernard Hakan

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

14. Maiden name Wella Gurov

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

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

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

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Dr. Fred

(b) Address \_\_\_\_\_

17. (a) REMOVAL (b) Date thereof 1-17-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MANSAS CITY, MO

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? \_\_\_\_\_

18. (a) Signature of funeral director J. P. LOUIS FUNERAL HOME

(b) Address 3400 WOODLAND K.C. MO

19. (a) Jan 17 1942 (b) Allen V. Hays  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_  
(Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature Wm J. Cremer (M. D. or other) \_\_\_\_\_

Address Mo Date signed 1-17-42

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

JUL 6 1948

RECEIVED

District Health Officer No. 7;

District File Number 2-42-121

Date Filed 2-13-42

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**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

*But Regan*

Licensed Embalmer No. 3979

P. O. Address

*H. C. M. S.*

**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.