

FILED FEB 27 1942

Registration District No. 293

Primary Registration District No. 5416

Registrar's No. 5

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

1. PLACE OF DEATH:

(a) County FRANKLIN Calvey

(b) City or town RURAL (CALVEY) TWP.  
(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 33 yrs - 2 mo.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County FRANKLIN

(c) City or town RURAL - Calvey Twp.  
(If outside city or town limits, write "RURAL")

(d) Street No. ROBERTSVILLE R.R. H 2.  
(If rural, give location)

(e) Citizen of foreign country? NO - (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ANNA HANNAKEN

MEDICAL CERTIFICATION

3. (b) If veteran, name war

3. (c) Social Security No.

20. DATE OF DEATH: Month Jan. day 23  
year 1942 hour 10.00 minute 15 P.M.

4. Sex FEMALE 5. Color or race W.

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

6. (b) Name of husband or wife Ben HANNAKEN

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased SEPT. 20 1863  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-22 1942 to 1-23 1942  
that I last saw her alive on 1-23 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 4 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death lobar pneumonia

Duration 3 days

9. Birthplace ST. LOUIS - MO.  
(City, town, or county) (State or foreign country)

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

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

10. Usual occupation HOUSEWIFE

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

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

Major findings: 108  
Of operations \_\_\_\_\_

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

12. Name C. KRIEGER

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

14. Maiden name ANNIE KRIEGER

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

16. (a) Informant Edmund Hannaker

(b) Address St. Louis 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? \_\_\_\_\_

17. (a) burial (b) Date thereof 1 26-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

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

(e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director B. Schmitt

(b) Address Catonsville, Mo.

23. Signature H.M. Denny (M. D. or other) MD

Address U.S. 106 Mo Date signed 1-25-42

19. (a) 1/26/42 (b) Edward E. Pletcher  
(Date received local registrar) (Registrar's signature)

1118

**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 William H. H. H., Registered Apprentice No. 306 working under my personal supervision.

Signed Howard F. Pawl  
Licensed Embalmer No. 3114  
P. O. Address St. Louis 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.**