

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED APR. 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10131

State File No.

Registration District No. 66

Primary Registration District No. 51028

Registrar's No. 6

1. PLACE OF DEATH Bollinger
 (a) County.....
 (b) City or town Rural Lorance 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) 1
 (d) Length of stay: In hospital or institution.....
 In this community Lifetime (Specify whether years, months or days)

3. (a) PRINT FULL NAME Marshall Sylvester Hahn

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nora M. Hahn 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Oct. 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>4</u>	<u>29</u>	hr. min.

9. Birthplace Bollinger Co., Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business.....

12. Name Jess Hahn

13. Birthplace Bollinger Co., Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Husteller

15. Birthplace Bollinger Co., Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Homer Lerma Hahn
(b) Address 811 East Markland Kokomo, Ind. 3-28-42

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-28-42
(Month) (Day) (Year)
(c) Place: burial or cremation Lutesville, Mo.

18. (a) Signature of funeral director Baker Funeral Home
(b) Address Lutesville, Mo.

19. (a) 3/26/42 (b) Mrs. Geneva Graham
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Bollinger 009
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Near Lutesville, Mo.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25th
year 1942 hour 1000 minute P. M.

21. I hereby certify that I attended the deceased from Mar. 22, 1942, to Mar. 25, 1942
that I last saw h. alive on Mar 25, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 4 days

Due to.....

Due to.....

Other conditions 108
(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?

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

23. Signature O. A. Myers (M. D. or other)
Address Marble Hill Date signed 3/26/42

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

709
0
0

RECEIVED

District Health Officer No. 4
District File Number 442-464
Date Filed 4-13-42

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Louisville, 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.