

Registration District No. 116

Primary Registration District No. 4187

Registrar's No.

36
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Union
(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 years, months or days)

In this community 71 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Union
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Habermann

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 12 1865
(Month) (Day) (Year)

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

77 2 28 _____ hr. _____ min.

9. Birthplace Germany _____
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business _____

12. Name John Habermann

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

14. Maiden name Anna Schuester

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

16. (a) Informant Mrs. Mary Fees

(b) Address Union, Mo.

17. (a) Burial (b) Date thereof Feb 12 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union, Mo.

18. (a) Signature of funeral director Wesf. Horn

(b) Address Union, Mo.

19. (a) 2-11-43 (b) Conrad A. Peyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 10
year 1943 hour 12 minute 45 a. m.

21. I hereby certify that I attended the deceased from Jan 15 to Feb 10, 1943
that I last saw him alive on Feb 9, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to Arteriosclerosis Myocarditis with decompensation

Due to _____

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

Major findings: Of operations _____
Of autopsy _____

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) Means of injury _____

23. Signature J. M. Sney (M. D. or other) MD
Address Union Mo Date signed 2-11-43

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Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

W. H. Stone

Licensed Embalmer No. *3175*

P. O. Address *Union, 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.