

FILED APR 14 1943  
Registration District No. **2**

Primary Registration District No. **1000**

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

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1314 N. 4th St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community Lifetime (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1314 N. 4th St.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James Edward Hahn

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Anna Gertrude Hahn 6. (c) Age of husband or wife if alive unknown

7. Birth date of deceased Novemebrr 13 1882  
(Month) (Day) (Year)

8. AGE: Years 60 Months 4 Days 10 If less than one day  
hr. min.

9. Birthplace St. Joseph Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Dry Cleaner & Dyer

11. Industry or business " " " " "

12. Name William P. Hahn

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

14. Maiden name Minnie Hislop

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

16. (a) Informant Mrs. Gertrude Hahn

(b) Address 1314 N. 4th St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof Mar. 25, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Howell W. Bradford

(b) Address 1802 Union Str., St. Joseph, Mo.

19. (a) 3-25-43 (b) Rae Hezog  
(Date received local registrar) (Registrar's sign (sur-))

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23rd  
year 1943 hour 8 minute 00 A. M.

21. I hereby certify that I attended the deceased from June 1941  
1941 to Mar 23 1943  
that I last saw h. im alive on Feb 30 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis  
Duration 3 years

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations None

Of autopsy None

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) (e) Means of injury ○

23. Signature Paul J. ... (M. D. or other)  
Address St. Joseph, Mo. Date signed 3-23-43

---

---

**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.....

*Elbert C. Harrington*

Licensed Embalmer No. 3258.....

P. O. Address..... St. Joseph, 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.**