

FILED JUN 17 1943

Primary Registration District No. **4234**

Registrar's No. **16**

1. PLACE OF DEATH:

(a) County **Lyon**  
(b) City or town **Frankton**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **St. Mary's of the Ozarks**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether

In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME **MINNIE EVA. HAHN**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **married**  
6. (b) Name of husband or wife **Roy Lee Hahn** 6. (c) Age of husband or wife if alive **23** years  
7. Birth date of deceased **Feb. 20 1921**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**22 2 19** hr. min.

9. Birthplace **Deer Run Mo. U**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Henry Kassabum**  
13. Birthplace **Maize La Motte Mo. O**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Helle Hallinger**  
15. Birthplace **St. Francois Co. Mo. O**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Roy Lee Hahn**

(b) Address **Deer Run, Mo.**

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

(c) Place: burial or cremation **Masonic Cem. Deer Run, Mo.**

18. (a) Signature of funeral director **Miller Funeral Home**

(b) Address **Farmington, Mo.**

19. (a) **5-11-43** (b) **Virginia R. Miller**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Francois**  
(c) City or town **Deer Run**  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **9**  
year **1943** hour **11** minute **30 A. M.**

21. I hereby certify that I attended the deceased from **By Inquest**  
**Doctors** to **May 10**, 19**43**  
that I last saw him **alive on** \_\_\_\_\_, 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Blood Poison**  
**my verdict: The deceased came to her death by blood poisoning caused by an illegal operation performed by the Plaintiff of Dr. W. P. Debeaux with Dr. J. J. ...**  
Due to **W. P. Debeaux with Dr. J. J. ...**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external cause, fill in the following:  
**Due to illegal operation May 3, 1943**  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence **May 3, 1943**  
(c) Where did injury occur? **Deer Run, St. Francois Mo**  
(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) **Illegal operation**  
(e) Means of injury \_\_\_\_\_

23. Signature **Clarence Dawson** (M.D. or other)  
Address **Deer Run, Mo.** Date signed **5/10/43**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4  
District File Number 643-2346  
Date Filed 6-15-43

SEP 26 1947

MAY 9 1944

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 Bert J. Miller  
Licensed Embalmer No. 3752  
P. O. Address Farmington, 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.