

FILED DEC 8 1943

Primary Registration District No. 4485

Registrar's No. 27

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

1. PLACE OF DEATH:

(a) County Scott  
(b) City or town Fornfelt  
(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 38 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Scott  
(c) City or town Fornfelt  
(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 John Francis Hahs

3. (b) If veteran, name war ✓ 3. (c) Social Security No. 702-09-5192

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary Elizabeth Hahs 6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased August 1 1882  
(Month) (Day) (Year)

8. AGE: Years 61 Months 3 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Johnson Co. Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Cotton Belt Fireman

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

MOTHER FATHER { 12. Name John Hahs E  
13. Birthplace Johnson Co. Ill.  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Ann Turner  
15. Birthplace Johnson Co. Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs John Hahs  
(b) Address Fornfelt Mo

17. (a) Burial (b) Date thereof Nov 26 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lightner Cem. Ill. Mo.

18. (a) Signature of funeral director B. Splinghoff Hubbard  
(b) Address Ill. Mo.

19. (a) 11/28/43 (b) M. W. Tomlinson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 23  
year 1943 hour 5:30 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from NOV 22  
1943 19 \_\_\_\_\_ to Nov 23 19 43  
that I last saw him alive on 11/22/43  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis  
Hypertention  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 93el

Major findings: Of operations none  
Of autopsy none

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(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 R. Lee M.D. (M. D. or other)  
Address Ill. Mo Date signed 11/26/43

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

JAN 2 01924

RECEIVED

District Health Office No. 2

District File Number 1243-1580

Date Filed 12-6-43

OCT 26 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 *Mamie Buehler Hoff*

Licensed Embalmer No. 3242

P. O. Address *Chaffee 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.