

X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41530

FILED JAN 10 1944

Registration District No. 32

Primary Registration District No. 4042

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Bollinger
(b) City or town Lutesville
(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 Lifetime (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bollinger
(c) City or town Lutesville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rutha Ann 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 Adam Hahn 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Sept. 17 1871
(Month) (Day) (Year)

8. AGE: Years 72 Months 3 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Hwf.

11. Industry or business _____

MOTHER FATHER { 12. Name Peter Myers

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

14. Maiden name Unknown

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

16. (a) Informant Adam Hahn

(b) Address Lutesville, Mo.

17. (a) Burial (b) Date thereof Dec. 23, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shell Cem. Lutesville

18. (a) Signature of funeral director Baker Funeral Home

(b) Address Lutesville, Mo. J. B. Baker

19. (a) 12/31/43 (b) Mrs. Geneva Graham
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21st.
year 1943 hour 1:00 minute A. M.

21. I hereby certify that I attended the deceased from 11/30/43
19. to 12/20/43 19. ;
that I last saw her alive on 12/20/43 19. ;
and that death occurred on the date and hour stated above.

Immediate cause of death Solar pneumonia

Due to _____

Due to _____

Other conditions influenza
(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) (e) Means of injury _____

23. Signature: John F. Myers (M. D. or other)
Address: Lutesville, Mo. Date signed 12/31/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1065

RECEIVED

District Health Officer No. 4

District File Number 4-315A

Date Filed 8-6-44

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. Graber

Licensed Embalmer No. 4010

P. O. Address Lintonville, 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.