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-41
-39
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FILED MAR 23 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10581

Registration District No. 54

Primary Registration District No. 5189

Registrar's No.

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town rural - Wilson
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

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

(d) Street No. Near Advance
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME JOSEPH EMMETT HAHN

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1
year 1944 hour 12 noon minute 1 M.

21. I hereby certify that I attended the deceased from 1942, 19 Jan 1 19 44
that I last saw h alive on Jan 1 19 44
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bethany Jane Hahn 6. (c) Age of husband or wife if alive 52 1/2 years

7. Birth date of deceased: Dec 30, 1877
(Month) (Day) (Year)

Immediate cause of death: Chronic myocarditis

Duration _____

8. AGE: Years 66 Months 4 Days _____ If less than one day hr. _____ min. _____

9. Birthplace Stoddard Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 93d

MOTHER FATHER

11. Industry or business _____

12. Name Joseph Hahn

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

14. Maiden name Mary Adaline Hahn

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

Major findings: Of operations _____

Of autopsy _____

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

16. (a) Informant Bethany Jane Hahn

(b) Address Advance, Missouri

17. (a) Buried (b) Date thereof Jan 3, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Cem. Advance, Mo.

18. (a) Signature of funeral director Clayton Morgan

(b) Address Advance, Mo.

19. (a) Jan 5 1944 (b) A. H. Macke
(Date received local registrar) (Registrar's signature)

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 2

23. Signature E. C. Masters (M.D. or other) See

Address Advance, Mo. Date signed Jan 19 1944

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

1138

RECEIVED

District Health Officer No. 4
District File Number 344-3574
Date Filed 3-22-44

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.....

Lloyd S. Morgan
....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Lloyd S. Morgan
.....
Licensed Embalmer No. 3361

P. O. Address Advance M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.