

No. 2
4-41
17-39
X29484

FILED MAY 15 1944
3344

Registration District No.

Primary Registration District No. 6-1-3-4486

Registrar's No. 7

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

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Benton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community all of her life years, months or days)

3. (a) PRINT FULL NAME Anna Diebold Hahn

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

4. Female 5. Color or race white 6. (a) Single, widowed, married Widowed

6. (b) Name of husband or wife Joseph Hahn 6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 27, 1861
(Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 26 hr. _____ min. _____
If less than one day

9. Birthplace Commerce Mo.
(City, towp. or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Jacob Diebold
13. Birthplace Baden Alsace Lorraine
(City, towp. or county) (State or foreign country)
14. Maiden name Attilla Motier
15. Birthplace Paris France
(City, towp. or county) (State or foreign country)

16. (a) Informant Daughter
(b) Address Benton Mo.

17. (a) Burial (b) Date thereof 2/25/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Lawrence - 777 Hamburg

18. (a) Signature of funeral director Orville Fay, Jr.
(b) Address 118 S. 1st St. Benton Mo.

19. (a) Apr. 12, 1944 (b) Anna Timmstein
(If received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott
(c) City or town Benton 100
(If outside city or town limits, write "RURAL")
(d) Street No. R # (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Dec. 2
1943 to Feb. 23 1944
that I last saw her alive on Feb 23 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Stenosis
Hypertrophy + Acute Dilatation

Due to _____

Due to _____

Other conditions Infected Gout Bladder 57K6
(Include pregnancy within 5 months of death)

Major findings: _____
Of operations 928
Of autopsy _____

Duration

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 W. Ferguson (M. D. or other)
Address Benton Mo Date signed 2/24-44

128

RECEIVED

District Health Office No. 2,

District File Number *5-14-218*

Date Filed *5-11-44*

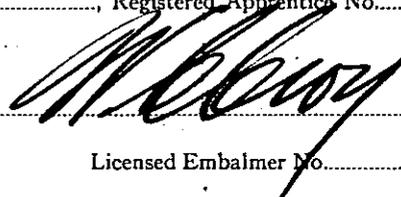
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No.....

P. O. Address.....

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.