

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17375

State File No.

Registrar's No. 34

FILED JUN 7 1944

Registration District No. 22Primary Registration District No. 4042

1. PLACE OF DEATH:

(a) County Bollinger
(b) City or town Lutesville, Lutesville
(c) Name of hospital or institution: Lutesville

(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
years, months or days)3. (a) PRINT FULL NAME Adam Hahn

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if

7. Birth date of deceased March 14 1867
(Month) (Day) (Year)8. AGE: Years 77 Months 2 Days 12 If less than one day hr. min.9. Birthplace Bollinger Co. Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business.....

12. Name Ellis Hahn13. Birthplace Mo.
(City, town, or county) (State or foreign country)14. Maiden name MARINA SHELL15. Birthplace LUTESVILLE Mo.
(City, town, or county) (State or foreign country)16. (a) Informant HELEN BARKS(b) Address LUTESVILLE, Mo.17. (a) Burial (b) Date thereof May 29, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Shell cemetery18. (a) Signature of funeral director Baker Funeral Home(b) Address Lutesville, Mo.19. (a) May 26, 1944 (b) Mrs Geneva Graham
(Date received local registrar) (Registrar's signature)

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? No (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1944 hour 9:00 minute A. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death No medical attention probably coronary occlusion Duration

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:

Of operations.....

Of autopsy.....

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 J. C. Graham (M. D. or other) CrownAddress Lutesville, Mo. Date signed 5-26-44

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

MOTHER FATHER

1063

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4
District File Number 644-3902
Date Filed 6-6-44

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, J. E. Graham

J. E. Graham, Registered Apprentice No. _____
working under my personal supervision.

Signed J. E. Graham

Licensed Embalmer No. 4010

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.