

V. S. No. 2  
00M-5-43  
Rev. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40975

Dr. McKnelly  
FILED JAN 6 1945  
Registration District No.

State File No.

Primary Registration District No. 3016

Registrar's No. 300

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

26  
5  
4

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Jefferson City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1207 East Miller Street  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 35 years  
years, months or days)

3. (a) PRINT FULL NAME John J. Hahn

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Margaret Hahn 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased January 26 1878  
(Month) (Day) (Year)

8. AGE: Years 66 Months 11 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Osage Bluff, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired laborer

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

MOTHER FATHER

12. Name Jacob Hahn

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

14. Maiden name Margaret Hahn

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

16. (a) Informant Mr. Maggie Hahn

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Jan-3-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Joseph Gordon

(b) Address Jefferson City, Missouri

19. (a) 1-2-45 (b) Theresa Richter  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26  
(c) City or town Jefferson City 5  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1207 East Miller Street 4  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31  
year 1944 hour \_\_\_\_\_ minute 7 A. M.

21. I hereby certify that I attended the deceased from Dec 30  
1944, to Jan 30 1944,  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 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) (c) Means of injury \_\_\_\_\_

23. Signature Dr. J. McKnelly (M. D. or other)  
Address Central Trust Bldg. Date signed 1-2-45

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 1-5-45

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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 Terrence Padulle

Licensed Embalmer No. 3890

P. O. Address Jeff City 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.**