

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 20 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1662
State File No. _____
Registrar's No. 310

Registration District No. 38

Primary Registration District No. 3006

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1209 Gaguin
(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 11 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Boone 10
(c) City or town Columbia
(If outside city or town limits, write "RURAL") 2
(d) Street No. 1209 Gaguin
(If rural, give location) 4
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Barbara Anna Belle Hahn

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

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased February 19th 1865
(Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Callaway County, MO
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business NONE

12. Name James F. Thomas

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

14. Maiden name Sarah Madden

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

16. (a) Informant Mrs. Betty Baker

(b) Address 1209 Gaguin

17. (a) Burial (b) Date thereof 12-27-19
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation UNION HILL CEMETERY

18. (a) Signature of funeral director [Signature]

(b) Address Columbia, MO
19. (a) 12-26-44 G. Donald Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12th day 25th
year 1944 hour 2 minute 10 P.M.

21. I hereby certify that I attended the deceased from for several
years, 19____, to _____, 19____,
that I last saw him alive on 12-4-, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Arthritis Duration Do not know

Due to _____

Due to _____

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

Major findings: None
Of operations _____
Of autopsy None

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) No

(b) Date of occurrence No

(c) Where did injury occur? No
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No

While at work? No (Specify type of place) (b) Means of injury _____

23. Signature W. D. Depoy M.D. (M. D. or other)
Address Columbia, MO Date signed 12-26-44

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

1250

(Licensed Embalmer's Statement on Reverse Side)

MAY 21 1957

RECEIVED

District Health Officer No. 91

District File Number

Date Filed 1-19-45

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

R. W. [Signature]

Licensed Embalmer No.

3183

P. O. Address

Columbia 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.