

FILED MAY 2 1945
Registration District No. 2

Primary Registration District No. 1000

Registrar's No. 466

1. PLACE OF DEATH:

(a) County Beuchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4-16-45 to 4-27-45
(Specify whether
In this community 4 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County De Kalb
(c) City or town STEWARTSVILLE, Mo (RURAL)
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Suane Hamann

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex MALE (b) Color or race WHITE

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased FEBRUARY 25 1945
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 2 hr. min.

9. Birthplace STEWARTSVILLE Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name HOWARD L. HAMANN

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

14. Maiden name DOLores MAWZEY

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

16. (a) Informant HOWARD L. HAMANN

(b) Address STEWARTSVILLE, Mo.

17. (a) B (b) Date thereof 4-29-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation STEWARTSVILLE, Mo.

18. (a) Signature of funeral director _____

(b) Address Stewartsville Mo

19. (a) 4-28-45 (b) Nelson T. Richel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1945 hour _____ minute 4:30 P.M.

21. I hereby certify that I attended the deceased from 4-16-45, 19____, to 4-27-45, 19____;
that I last saw h. lw alive on 4-27-45, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Meningitis Pneumonia

Due to _____

Due to _____

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

Major findings:
Of operations _____
Of autopsy g/ov

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)
Means of injury 0

23. Signature H. E. Petersen (M. D. or other)

Address St. Joseph Mo. Date signed 4/28/45

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

MOTHER FATHER

1277

(Licensed Embalmer's Statement on Reverse Side)

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

J. G. Lyon

Licensed Embalmer No.

952

P. O. Address

Stewartville 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.