

FILED AUG 13 1945

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 234

1. PLACE OF DEATH:
 (a) County Cape Girardeau
 (b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Hospital 4 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County New Madrid
 (c) City or town Rural 3 miles west Matthews
(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 X

3. (a) PRINT FULL NAME Mary R. Hann
 3. (b) If veteran, name war X
 3. (c) Social Security No. X

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 20
 year 1945 hour Six minute 45 P. M.
 21. I hereby certify that I attended the deceased from 7-14, 1945, to 7-20, 1945;
 that I last saw her alive on 7-20, 1945
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Anthony Hann
 6. (c) Age of husband or wife if alive 66 years
 7. Birth date of deceased November 20 1881
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion
 Duration 5 day
 Due to
 Due to
 Other conditions Broncho pneumonia
(Include pregnancy within 3 months of death) 3da

8. AGE: Years Months Days If less than one day
63 8 0 hr. min.

9. Birthplace Jasper County Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business
 12. Name Jacob Rennier
 13. Birthplace Illinois
(City, town, or county) (State or foreign country)
 14. Maiden name Margaret Kraus
 15. Birthplace Ohio
(City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings:
 Of operations gfr
 Of autopsy
 Underline the cause to which death should be charged statistically.

16. (a) Informant Norbert Hann
 (b) Address Matthews, Mo. Rt. 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/23/45
(Month) (Day) (Year)
 (c) Place: burial or cremation Benton, Missouri

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

18. (a) Signature of funeral director Taylor Funeral Home
 (b) Address Sikeston Missouri
 19. (a) 7-27-45 (Data received local registrar) (b) G. K. Phelps (Registrar's Signature)

23. Signature RTB Elrod (M.D. or other) 7/23/45
 Address Cape Girardeau, Mo Date signed

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

16
1
4

RECEIVED

District Health Office, No. 4
District File Number 845-996
Date Filed 8-10-45

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 *W. Bluff*
Licensed Embalmer No. 4399
P.O. Address *Poplar Bluff, 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.