

FILED FEB 11 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
In car at Main & Jule Street 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community life
years, months or days

3. (a) PRINT FULL NAME William P. Hahn

3. (b) If veteran, name war none
3. (c) Social Security No. 708-14-3574

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

6. (b) Name of husband or wife Lethel Hahn
6. (c) Age of husband or wife if alive 44 years 1892

7. Birth date of deceased May 31 1892
(Month) (Day) (Year)

8. AGE: Years 53 Months 7 Days 20
If less than one day hr. min.

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Switchman

11. Industry or business Rock Island Railroad

12. Name Chris Hahn

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

14. Maiden name Thressa Strawecker

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

16. (a) Informant Herman Hahn

(b) Address St. Joseph, Mo.

17. (a) burial (b) Date thereof 1/15/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Thelma Beale & Bowman

(b) Address St. Joseph, Mo.

19. (a) Jan 15, 1946 (b) [Signature] (c) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 319 Elizabeth
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan, day 11th
year 1946 hour about 6 minute P M.

21. I hereby certify that I [Signature] the deceased from [Signature] 1946 to [Signature] 1946
that I last saw h. [Signature] and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Duration

Due to

Due to

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations 940

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 [Signature] (M. D. or other)

Address King Hill Bldg. Date signed 1/15/46

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

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APR 3 1946

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: *Frank A. Bowena*
Licensed Embalmer No. *1710*
P. O. Address *St. Joseph 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.