

7. S. No. 2  
M—9-4-41  
ev. 5-17-39  
I X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

16233

**FILED JUN 7 1946 STANDARD CERTIFICATE OF DEATH**

State File No. \_\_\_\_\_

Registration District No. 107

Primary Registration District No. 30-195422

Registrar's No. 120

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Kennett Rural  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin <sup>35</sup>

(c) City or town Kennett Rural <sup>0</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) <sup>0</sup>

(e) Citizen of foreign country? No (Yes or No) <sup>0</sup>

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Russel Lee, Hahn

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

4. Sex M 0 5. Color or race W 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 6 10 1939  
(Month) (Day) (Year)

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

6 10 20 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

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

12. Name Chas Hahn

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

14. Maiden name Leona McCray

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

16. (a) Informant Loyd McCray

(b) Address Kennett, Mo

17. (a) Burial (b) Date thereof 5 2-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cem

18. (a) Signature of funeral director Lentz Und Co

(b) Address Kennett, Mo

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 4 day 30  
year 1946 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from 30 Apr 1946, 19\_\_\_\_;  
30 Apr 1946, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pruritic Pruritic

Due to Strep Throat

Due to acute Nephritis

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: Of operations \_\_\_\_\_

Of autopsy no 15

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 James Hahn (M. D. or other) \_\_\_\_\_

Address Kennett Mo Date signed 2 May 46

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 646-682

Date Filed 6-5-46

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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 Walter A. Henders

Licensed Embalmer No. 2002

P. O. Address Hennett me

**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.