

S.No. 2
OM-2-43
v. 5-17-39
X3567

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

32969

FILED OCT 16 1946
STANDARD CERTIFICATE OF DEATH

State File No. _____

Register with District No. _____

Primary Registration District No. 5181

Registrar's No. 82

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution Haisy mo 1 apt home
(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 Missouri (b) County Cape Girardeau

(c) City or town Haisy mo
(If outside city or town limits, write "RURAL")

(d) Street No. Rural apt home 1st
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Barbra Lutische Hahs,

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22
year 1946 hour 11 minute 0 P.M.

4. Sex F 1

5. Color or race W

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

6. (b) Name of husband or wife Robert Hahs

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

7. Birth date of deceased May 23 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 6th, 1946, to Sept 28, 1946, that I last saw her alive on Sept 28, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Heart Attack Duration _____

8. AGE: Years 70 Months 4 Days 9
If less than one day hr. _____ min. _____

Due to Paralysis And High Blood Pressure

Due to _____

9. Birthplace Haisy mo
(City, town, or county) (State or foreign country)

10. Usual occupation House work

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

MOTHER FATHER

11. Industry or business _____

12. Name Bennett Seabaugh

13. Birthplace Haisy mo
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known
(City, town, or county) (State or foreign country)

Major findings: BD
Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Bert Hahs

(b) Address Haisy mo

17. (a) Burial (b) Date thereof Oct 3 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sargent Chapel

18. (a) Signature of funeral director M. Lambert

(b) Address Johnson mo

19. (a) 10-27-46 (b) D. G. Sartin
(Date received local registrar) (Registrar's signature)

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 U

23. Signature Dr. B. J. Clark M.D. (M. D. or other) MD

Address Oak Ridge mo Date signed 10-24

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

6
0
0

3

43

RECEIVED

Sanitary Health Officer No. 4
File Number 1046-2725
Date Filed 10-9-46

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 Thos. W. Allen

Licensed Embalmer No. 4055

P. O. Address Jackson

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.