

No. 2
-8-43
-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40175
Registrar's No. 27

Registration District No. 119
Primary Registration District No. 5443

1. PLACE OF DEATH:
(a) County Gasconade
(b) City or town "Rural" Roark Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(In Ambulance) 3 mi. East of Herman
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME CHRIST B. HANNE
3. (b) If veteran, name war None
3. (c) Social Security No. ---

4. Sex Male White
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elsia S. Hanne
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased Oct 25 1900
(Month) (Day) (Year)

8. AGE: Years 46 Months 1 Days 27
If less than one day hr. _____ min. _____

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

10. Usual occupation Rural Mail Carrier

11. Industry or business _____

MOTHER FATHER { 12. Name Fred. J. Hanne 5
13. Birthplace Switzerland (State or foreign country)
14. Maiden name Mary Modrow
15. Birthplace Germany (State or foreign country) 4

16. (a) Informant Elsia Hanne
(b) Address Morrison, Mo

17. (a) Burial (b) Date thereof 12-19-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Good Hope Cemetery

18. (a) Signature of funeral director Arnold Hummert

(b) Address Morrison, Mo

19. (a) 12/18/46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Gasconade 37
(c) City or town Morrison 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16
year 46 hour 5:30 minute P M.
21. I hereby certify that I attended the deceased from Dec 11
1946, to Dec 16, 1946
that I last saw him live on Dec 16, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myxina Pectonici Duration _____
Determin Tremens

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

Major findings: Of operations None
Of autopsy no 94P
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 5

23. Signature Howard Hoffman (M. D. or other) _____
Address Hermann 210 Date signed 12-17-46

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

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RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JAN 8 1947

JAN 15 1947

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..... *Hugo St. Pinner*

Licensed Embalmer No. 3160

P. O. Address. Hermann, 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.