

FILED MAY 27 1947

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

Registration District No. 316

Primary Registration District No. 6074

Registrar's No. 174

74  
0  
0

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

1. PLACE OF DEATH:

(a) County St. Francois

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

(c) Name of hospital or institution: None  
(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 30 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

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

(d) Street No. None  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Arthur Newton Hahn

3. (b) If veteran, name war No

3. (c) Social Security No. 493-10-4511

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6  
year 47 hour 4 minute A M.

21. I hereby certify that I attended the deceased from Dec. 1  
1946 to 48 May 5, 1947  
that I last saw him alive on May 5, 1947  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Ella Hahn

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased December 24 1873  
(Month) (Day) (Year)

Immediate cause of death Aplastic anemia

Duration \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>4</u>	<u>12</u>	hr. _____ min. _____

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace Howell Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

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

11. Industry or business None

MOTHER FATHER { 12. Name John J. Hahn

{ 13. Birthplace Cumberland Co. Illinois  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Joanna Gadberry

{ 15. Birthplace Bollinger Co. Missouri  
(City, town, or county) (State or foreign country)

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

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Ella Hahn (wife)

(b) Address Leadwood, Missouri

17. (a) burial (b) Date thereof May 8 - 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parkview Cemetery

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? \_\_\_\_\_

18. (a) Signature of funeral director J. S. Boyer, Sr.

(b) Address Leadwood, Mo.

19. (a) 5-20-47 (b) Ether Rudloff  
(Date received local registrar) (Registrar's signature)

23. Signature John Wildent M.D. (M. D. or other) \_\_\_\_\_

Address Leadwood, Mo. Date signed May 10 47

RECEIVED

Health Officer No. 4  
File Number 542-246  
Filed 5-26-42

JAN 11 1958

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 Bert L. Boyer  
Licensed Embalmer No. 3445  
P. O. Address Leadwood 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.