No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19839

Registration District No. FILED JUN 3 28 1947

Primary Registration District No. 3073

Registrar's No. 10

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

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Chaffee
(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
In this community 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Scott 100
(c) City or town Chaffee /
(If outside city or town limits, write "RURAL")
(d) Street No. /
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country ✓

3. (a) PRINT FULL NAME Phillip Hahn
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sakkie Hahn
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct (Month) 15 (Day) 1870 (Year)

8. AGE: Years 76 Months 7 Days 2 If less than one day hr. min.

9. Birthplace Hamburg (City, town, or county) Mo (State or foreign country) U
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name Louis Hahn
13. Birthplace (City, town, or county) Germany (State or foreign country) 4
MOTHER
14. Maiden name Mary Fornes
15. Birthplace Scott Co (City, town, or county) Mo (State or foreign country) U
16. (a) Informant Wm. Hahn
(b) Address Chaffee, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-19-47 (Month) (Day) (Year)
(c) Place: burial or cremation New St Ambrose Chaffee Mo.
18. (a) Signature of funeral director Bisplinghoff Funeral Home
(b) Address Chaffee Mo
19. (a) 5/19/47 (Date received local registrar) (b) G. B. MacCready (Registrar's signature) 7707

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
year 1947 hour 4 minute 45 A M.

21. I hereby certify that I attended the deceased from 3/1, 1947 to 5-17, 1947
that I last saw him alive on 5-16-47, 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Apoplexy	6 Wks
Due to Chronic Nephritis	
Due to type undetermined Arterial Sclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

131B

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work (e) Means of injury
23. Signature [signature] (M. D. or other)
Address Chaffee Mo Date signed 5/19/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No.
District File Number 647-79
Date Filed 6-2-47

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 Jack T Burnett, Registered Apprentice No. ....., working under my personal supervision.

Signed Mamie Bispling hoff

Licensed Embalmer No. 3242

P. O. Address Chaffee, 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.