

FILED JUL 2 3 1947

Registration District No. _____

Primary Registration District No. 4043

Registrar's No. 44

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

1. PLACE OF DEATH:

(a) County Bollinger
(b) City or town Marble Hill
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bollinger
(c) City or town Marble Hill
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME OLLIE HAHN

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Molly Ann Hahn 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Oct. 16 1868
(Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 29 If less than one day hr. _____ min. _____

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

10. Usual occupation Carpenter

11. Industry or business _____

12. Name Wavauld Hahn

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

14. Maiden name Armenta Snider

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

16. (a) Informant Mrs. Tina Capes

(b) Address Marble Hill, Mo.

17. (a) Burial (b) Date thereof June 19 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hahn Chapel

18. (a) Signature of funeral director Baker Funeral Home

(b) Address Lutetville Mo.

19. (a) June 24 1947 (b) Millic H. Vandenberg
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 1947
year 1947 hour _____ minute _____

21. I hereby certify that I attended the deceased from June 15th 1947 to June 15th 1947
and that death occurred on the date and hour stated above.

that I last saw him alive on June 15 1947
Immediate cause of death Cerebral Hemorrhage Duration 1 day

Hypertension
Chronic Interstitial Nephritis

Chronic Myocarditis 2 yrs

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

Major findings: Of operations 13. 1A

Of autopsy _____

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 _____

23. Signature D. A. Dupa (M. D. _____)

Address Lutetville Mo. Date signed 6/15/47

RECEIVED

District Health Officer No. 4
District File Number 742-887
Date Filed 7-1-47

JUL 25 1947

JUL 11 1947

STATEMENT BY LICENSED EMBALMER

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, Md.

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.