

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 17 1947

Registration District No. 47

Primary Registration District No. 3005

Registrar's No. 308

1. PLACE OF DEATH:

(a) County Calhoun
(b) City or town Hutton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution State Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 mos 5 d
(Specify whether
In this community same
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gasconade
(c) City or town Hermann
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME AUGUST HANS

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

4. Sex mo 5. Color or race W 6. (a) Single, widowed, married; divorced m
6. (b) Name of husband or wife Amanda Hans 6. (c) Age of husband or wife if alive dK years
7. Birth date of deceased Aug 27 1879
(Month) (Day) (Year)

8. AGE: Years 68 Months 2 Days _____ If less than one day
hr. _____ min. _____

9. Birthplace mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business farm

12. Name dK 9

13. Birthplace dK 9
(City, town, or county) (State or foreign country)

14. Maiden name dK 9

15. Birthplace dK 9
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records

(b) Address Hutton Mo

17. (a) Removal (b) Date thereof 8-29-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hermann Mo

18. (a) Signature of funeral director August Blumel

(b) Address Hermann Mo

19. (a) 8-29-1947 (b) Josef Morawski
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Aug day 29
year 1947 hour 8:30 minute 9 M.

21. I hereby certify that I attended the deceased from 8/28/47 19 to 8/29/47 19
that I last saw him alive on 8/28/47 19
and that death occurred on the date and hour stated above.

Immediate cause of death Per. pneumonia

Due to _____

Due to _____

Other conditions Chr. myocarditis
(Include pregnancy within 3 months of death)

Arteriosclerosis

Major findings: _____
Of operations _____

Of autopsy 935

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 J Caldwell (M. D. or other) MD

Address Hutton Mo Date signed 8/29/47

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed SEP 11 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 + Blum*.....

Licensed Embalmer No. *3160*.....

P. O. Address..... *Sherman 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.