No. 2
/47
7-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4197

FILED MAR 9 1948

Registration District No. 32

Primary Registration District No. 5184

Registrar's No. 15

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Rural Whitewater (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Dwy Mo (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 5 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bollinger
(c) City or town Rural (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 Emma Elizabeth Hahn
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Henry A. Hahn
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Jan (Month) 3 (Day) 1872 (Year)

8. AGE: Years 76 Months 1 Days 28 If less than one day hr. min.

9. Birthplace Alliance (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name James C. Steakly
13. Birthplace (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Mary E. Smith
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Lester Hahn
(b) Address Flatriver Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 3 (Day) 1948 (Year)
(c) Place: burial or cremation Patton, Mo.
18. (a) Signature of funeral director McCombs Funeral Co.
(b) Address Jackson, Mo.
19. (a) 3-1-48 (Date received local registrar) (b) D. G. Sieber (Registrar's signature) 42

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day first year 1948 hour 1 minute 10 A.M.

21. I hereby certify that I attended the deceased from Jan 15 1948 to March 1 1948 that I last saw her alive on Feb 24 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cistero Sclerosis	5 yrs
Due to	
Due to	
Other conditions Chartered Hip (Include pregnancy within 3 months of death)	Nov-47

Major findings:
Of operations
Of autopsy

186 A
10

PHYSICIAN
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
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 J. F. L. Siebauer Jr. (M. D. ~~or other~~)
Address Jackson Mo Date signed 3-1-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 348-315

Date Filed 3-8-48

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 B. A. Meyer

Licensed Embalmer No. 3051

P. O. Address Jackson 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.

No. 2B
3-45
X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. March

Registration District No. 52 Primary Registration District No. 5184 Registrar's No. 11

1. PLACE OF DEATH:

(a) County: Cape Girardeau

(b) City or town: Rural (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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County: 9

(c) City or town: 0 (If outside city or town limits, write "RURAL")

(d) Street No.: 0 (If rural, give location)

(e) Citizen of foreign country? (Yes or No) No

If yes, name country

3. (a) PRINT FULL NAME: Emma E. Hahn

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: F

5. Color or race: W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased: Jan (Month) 3 (Day) 1871 (Year)

8. AGE: Years 76 Months 1 Days 28 Unless less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER

12. Name: 0

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

MOTHER

14. Maiden name: 9

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (c) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March year 1948 hour minute M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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) accident 9 V

(b) Date of occurrence About Nov 1 - 1947

(c) Where did injury occur? Farm House (City or town) Fenton (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Dr Farm House (Specify type of place)

While at work? No (e) Means of injury Fall

23. Signature R. J. Dettelbach (M. D. or other) 10

Address Jackson Mo Date signed 3-16-48

SUPPLEMENTARY

4197