

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 28 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5739  
Registrar's No. 31

Registration District No. 274

Primary Registration District No. 5936

1. PLACE OF DEATH:

(a) County Morgan  
(b) City or town Smithton Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Star Route  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 weeks (Specify whether years, months or days)  
In this community

3. (a) PRINT FULL NAME

August Mahukan

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M Color or race M

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

6. (b) Name of husband or wife Martha

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

7. Birth date of deceased Jan 12 - 1885  
(Month) (Day) (Year)

8. AGE: Years 83 Months 0 Days 12 If less than one day hr. min.

9. Birthplace Morgan Co MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Herman Mahukan

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

14. Maiden name Margaret Fether

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

16. (a) Informant Mrs August Holch

(b) Address R Star Smithton MO

17. (a) Burial (b) Date thereof 1-26-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smithton MO

18. (a) Signature of funeral director G. F. Hargrave

(b) Address Smithton MO

19. (a) 2-6-48 (b) Betty Yeager  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis  
(c) City or town Smithton  
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24  
year 1948 hour 7 minute 35 A.M.

21. I hereby certify that I attended the deceased from October 15, 1947 to Jan 24, 1948  
that I last saw him alive on Jan 16, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy, Cerebral Duration 24 hrs

Due to Hypertension, Arterial

Due to Arteriosclerosis

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)

(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 Dr. Siegel MO (If D.O. or other)

Address Smithton, MO Date signed 1/26/48

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 2-27-48

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

working under my personal supervision.

Registered Apprentice No. 3412

Signed

A. F. Henneman

Licensed Embalmer No.

3912

P. O. Address

Smithton 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.