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. 9192

FILED MAR 29 1948

Registration District No. 160 — Primary Registration District No. 5592 — Registrar's No. 13

50
0
0

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

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Herculaneum
(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 35 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jefferson
(c) City or town Herculaneum 50
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME George Franklin Hahn
3. (b) If veteran, name war —
3. (c) Social Security No. no
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mary Hahn
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased July (Month) 30 (Day) 1874 (Year)

8. AGE: Years 73 Months 6 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace Yount (City, town, or county) Mo (State or foreign country)
10. Usual occupation Lead Worker Retired
11. Industry or business St Joe Lead Co.
FATHER
12. Name Henry Hahn
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Catherine Johnson
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Ben Hahn
(b) Address Herculaneum Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 17-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem Frederick Town Mo
18. (a) Signature of funeral director H. S. Vinyard
(b) Address Festus Mo
19. (a) Feb. 17, 1948 (Date received local registrar) (b) Alison Belleville (Registrar's signature) 142

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14
year 1948 hour 6 minute 40 P.M.
21. I hereby certify that I attended the deceased from Feb 1, 1948 to Feb 14, 1948;
that I last saw him alive on Feb 13, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	3 days
Due to Pulmonary edema	2 days
Due to Prostate disease & pyletis	2 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

137 B

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 0
23. Signature Dr E Jenn (M. D. or other MD)
Address Herculaneum, Mo Date signed 2/16/48

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAR 27 1948

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 Donald H Vunyard, Registered Apprentice No. 71, working under my personal supervision.

Signed H H Vunyard

Licensed Embalmer No. 3010

P. O. Address Fortuna Calif

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.