No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12058

FILED APR 16 1948

Registration District No. 7 | Primary Registration District No. 3020 | Registrar's No. 47

1. PLACE OF DEATH:
(a) County: Franklin.
(b) City or town: Washington. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital. (If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 9 days. (Specify whether years, months or days) In this community 69 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Franklin 36
(c) City or town: Robertsville "Rural" (If outside city or town limits, write "RURAL") 0
(d) Street No.: R.F.D. #2 (If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: x

3. (a) PRINT FULL NAME: John Herman Hanneken.
3. (b) If veteran, name war: x
3. (c) Social Security No.: x

4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single 0
6. (b) Name of husband or wife: x
6. (c) Age of husband or wife if alive: x years
7. Birth date of deceased: January (Month) 28th. (Day) 1879. (Year)

8. AGE: Years 69 | Months 2 | Days 2 | If less than one day ... hr. ... min.

9. Birthplace: Robertsville. (City, town, or county) Missouri. 0 (State or foreign country)
10. Usual occupation: Farming.
11. Industry or business: x

FATHER
12. Name: Henry Hameken.
13. Birthplace: Unknown, (City, town, or county) Germany. 4 (State or foreign country)

MOTHER
14. Maiden name: Mary Ballmann.
15. Birthplace: Unknown. (City, town, or county) Germany. 4 (State or foreign country)

16. (a) Informant: B. H. Hanneken,
(b) Address: Robertsville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr. 2nd. 1948. (Month) (Day) (Year)
(c) Place: burial or cremation: Robertsville, Mo. R.F.D.
18. (a) Signature of funeral director: Nilburg & Utt, Inc
(b) Address: Washington, Mo.
19. (a) Apr. 2, 1948 (Date received local registrar) (b) [signature] (Registrar's signature) 49

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30th. year 1948 hour 9:00 minute 10 P. M.

21. I hereby certify that I attended the deceased from 2-15, 1948, to 3-30, 1948, that I last saw him alive on 3-29, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Virus Pneumonia & Myocarditis	1 wk.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 936
Of autopsy:

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: H. M. Denny (M. D. or other) M.D.
Address: Union Mo. Date signed 3-31-48

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

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

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

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 Jerome F. Shubda

Licensed Embalmer No. 4507

P. O. Address Washington 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.