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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 22 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12100

Registration District No. 119 Primary Registration District No. 4193 Registrar's No. 5

1. PLACE OF DEATH:
(a) County Gasconade
(b) City or town Hermann
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Workman Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 36 hours (Specify whether years, months or days)
In this community 36 hours

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Gasconade 37
(c) City or town Morrison 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME ALMA HACKMANN
3. (b) If veteran, name war ----
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Fred Hackmann
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. (Month) 14 (Day) 1893 (Year)
8. AGE: Years 54 Months 2 Days 23 If less than one day hr. min.
9. Birthplace Morrison (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Joseph Henneberger
13. Birthplace Morrison (City, town, or county) Mo (State or foreign country) U
14. Maiden name Amanda Epple
15. Birthplace Morrison (City, town, or county) Mo (State or foreign country) U
16. (a) Informant Belmont A. Hackmann
(b) Address Morrison, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys Cemetery
18. (a) Signature of funeral director Arnold Hummert
(b) Address Morrison, Mo
19. (a) 3/10/48 (Date received by local registrar) (b) O. M. Muxdwiller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8 year 1948 hour 10 minute 30 P.M.
21. I hereby certify that I attended the deceased from March 7, 1948, to March 8, 1948; that I last saw her alive on March 8, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Congestive Heart Failure	2 Weeks
Due to Unkown	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations None
Of autopsy None

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) None
(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 Carroll T. Shaw (M. D. or other) MD
Address Hermann, Mo Date signed 3-9-48

(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 August Blumm

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.