S. No. 300
M—10-47
v. 5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 3 1948
Registration District No. 32

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15390

Primary Registration District No. 4043

Registrar's No. 41

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

9
0
0

1. PLACE OF DEATH:

(a) County Bollinger
(b) City or town Marble Hill
(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 Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bollinger
(c) City or town Marble Hill
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

9
0
0
0

3. (a) PRINT FULL NAME Emily LaZettie Hahs

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 C. A. Hahs

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased May (Month) 2 (Day) 1875 (Year)

8. AGE: Years 73 Months 0 Days 13 If less than one day hr. min.

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

10. Usual occupation Hwf.

11. Industry or business

FATHER
12. Name A. Linebarger
13. Birthplace N. Carolina (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Cobb.
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gerald Brooks
(b) Address Steele, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation Hahn's Chapel

18. (a) Signature of funeral director Baker Funeral Home
(b) Address Lutesville, Mo.

19. (a) May 22, 1948 (Date received local registrar) (b) Willie Van Amburgh (Registrar's signature) 25

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15th year 1948 hour ✓ minute ✓ M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw her alive on 5/14/48 , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Decompensation	
Due to Aortic Stenosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 92a

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?
(Specify type of place)
While at work? (e) Means of injury 2

23. Signature John J. Myers (M. D. or other) DO
Address Lutesville Mo. Date signed 5/20/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7

District File Number 648-212

Date Filed 6-2-48

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.