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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 14 1948
Registration District No. 110

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5425

State File No. 15943
Registrar's No. 1

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Rural-Boeuf (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lloyd Stock Residence (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 Missouri (b) County Franklin 36
(c) City or town RURAL (If outside city or town limits, write "RURAL") 0
(d) Street No. 3Miles West of Berger, Mo (If rural, give location) 0
(e) Citizen of foreign country? Mo. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME HENRY LOUIS HAHNE
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 25th (Day) 1865 (Year)

8. AGE:	Years	Months	Days	If less than one day
	83	4	6	hr. min.

9. Birthplace Senate Grove, (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Carpenter
11. Industry or business Carpenter & Builder

FATHER
12. Name Louis Hahne
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4

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

16. (a) Informant Mrs. Lloyd Stock
(b) Address Berger, RFD #1 Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/5/1948 (Month) (Day) (Year)
(c) Place: burial or cremation Senate Grove, Mo.
18. (a) Signature of funeral director Paul H Blumer
(b) Address Berger Mo
19. (a) June 3-48 (Date received local registrar) (b) Jeffie Graumann (Registrar's signature) 93

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st year 1948 hour 10 minute 30 P.M.
21. I hereby certify that I attended the deceased from May 9, 1937, to June 1st, 1948 that I last saw him alive on June 1st, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	4 days
Due to Erysipelas of Right ear	6 days
Due to	
Other conditions (Include pregnancy within 3 months of death) 107	
Major findings: Of operations no operation	
Of autopsy no 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 B. P. Eisenmann (M. D. ~~or other~~)
Address New Haven, Mo. Date signed 6/2/48.

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 10 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~~ ..... Registered Apprentice No. ..... working under my personal supervision.

Signed Herman Blumer

Licensed Embalmer No. 528

P. O. Address Berger 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.