

No. 308  
-10-47  
5-17-39  
I 3906

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 29249

FILED OCT 2 1948

Registrar's No. 212

Registration District No. 177

Primary Registration District No. 3016

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

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Mary's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dodge <sup>76</sup>  
County Orange

(c) City or town Meta, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location) 1

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Anna Hasenbein

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John Hasenbein

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

7. Birth date of deceased Jan 1st, 1861  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>87</u>	<u>8</u>	<u>17</u>	hr. _____ min. _____

9. Birthplace Westphalia, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

12. Name Henry Bax

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ebers

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Rose Hasenbein

(b) Address St. Louis, Mo.

17. (a) Burial (b) Date thereof 9/21st, 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Elizebeth, Mo.

18. (a) Signature of funeral director Edie Morton

(b) Address Lim, Mo.

19. (a) 9-20-48 (b) A. O. Davis MD  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18th,  
year 1948 hour 3 minute - P. M.

21. I hereby certify that I attended the deceased from Sept 8, 1948 to Sept 18, 1948  
that I last saw her alive on Sept 7, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death cholelithiasis  
cholel cystitis.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Cancer of liver  
(Include pregnancy within 3 months of death)

Major findings: Senility, not

Of operations \_\_\_\_\_

Of autopsy as above

Duration \_\_\_\_\_

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Edie Morton (M. D. or other) \_\_\_\_\_

Address Jefferson City, Mo. Date signed 9-20-48

RECEIVED  
District Health Officer No. 9  
District File Number  
Date Filed OCT 7 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 Jernon M. Morton  
Licensed Embalmer No. 4125  
P. O. Address Lin

**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.**