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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 19 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32231

Registration District No. 53 | Primary Registration District No. 3010 | Registrar's No. 308

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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Bollinger
(c) City or town: Rural Sedgewickville (If outside city or town limits, write "RURAL")
(d) Street No.: 1 (If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Mary Matilda 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: William B. Hahs
6. (c) Age of husband or wife if alive: 72 years
7. Birth date of deceased: Aug. (Month) 12 (Day) 1880 (Year)
8. AGE: Years 68 | Months 1 | Days 29 | If less than one day ___ hr. ___ min.
9. Birthplace: Daisy (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: William Hobeck
13. Birthplace: Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Mary Kaiser
15. Birthplace: Germany (City, town, or county) (State or foreign country)
16. (a) Informant: William B. Hahs
(b) Address: Sedgewickville
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 13 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Sedgewickville
18. (a) Signature of funeral director: Mc Combs F.H. Co.
(b) Address: Jackson Mo.
19. (a) 10-13-48 (Date received local registrar) (b) C.C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: October day: 11th year: 1948 hour: 10:00 minute: a.m.
21. I hereby certify that I attended the deceased from October 4 1948 to October 11 1948 that I last saw her alive on October 11 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Cardiac failure and pulmonary edema	
Due to: Myocardial and pulmonary infarcts	
Due to: Arteriosclerotic Cardiovascular disease	
Other conditions (Include pregnancy within 3 months of death): anemia, secondary	

Major findings: Of operations: NP
Of autopsy:

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:
23. Signature: J. H. Trolinger M.D. (M.D. or other)
Address: J. H. TROLINGER, M.D. JACKSON, MISSOURI Date signed 10-12-48

(Licensed Embalmer's Statement on Reverse Side)

...ict Health Officer No. 4
...ict File Number 1048-12
Date Filed 10-18-4

OCT 28 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 Thos. K. Allen

Licensed Embalmer No. 4055

P. O. Address Jackson

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.