

3008
7-39
3906

State File No. _____

FILED DEC 27 1948
Registration District No. 2042

Primary Registration District No. 3042

Registrar's No. 17

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

1. PLACE OF DEATH:

(a) County Madison

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

(c) Name of hospital or institution:
472 N. Mineka Motte
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 4.5 years
years, months or days

3: (a) PRINT FULL NAME Henry Hahn

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Mary Hahn

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Nov. 14, 1967
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>0</u>	<u>29</u>	____ hr. ____ min.

9. Birthplace Bollinger co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

MOTHER FATHER

11. Industry or business _____

12. Name Abraham Hahn

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

14. Maiden name unknown

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

16. (a) Informant Leeman Hahn

(b) Address Fredericktown, Mo.

17. (a) Burial (b) Date thereof 12-15-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Christian Cemetery

18. (a) Signature of funeral director Webb-Adamsen

(b) Address Fredericktown, Mo.

19. (a) 12-15-48 (b) Therence [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison ⁶²

(c) City or town Fredericktown
(If outside city or town limits, write "RURAL")

(d) Street No. 472 N. Mineka Motte
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13
year 1948 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from August 1948, to Dec 13 1948
that I last saw him alive on Dec 11 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Meningeal

Due to Meningeal retention

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration 2 weeks

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)

(c) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address Fredericktown Date signed Dec 13 48

RECEIVED

Public Health

District Office

Date Filed

4
1248-1598
12-33-48

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 *Edward G. Lehmann*

Licensed Embalmer No. *4567*

P. O. Address *Fredricktown, Md.*

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.