

## STANDARD CERTIFICATE OF DEATH

State File No. **41204**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 172

1. PLACE OF DEATH a. COUNTY <u>Franklin</u> b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Washington</u> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Union</u> d. STREET ADDRESS (If rural, give location) <u>6 Springfield Ave</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha</u> b. (Middle) <u>Esther</u> c. (Last) <u>Hahn</u>		4. DATE OF DEATH (Month) <u>Dec.</u> (Day) <u>24</u> (Year) <u>1951</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 6 1890</u>		9. AGE (In years last birthday) <u>61</u> IF UNDER 1 YEAR Months <u>1</u> Days <u>18</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY <u>House work</u>				11. BIRTHPLACE (State or foreign country) <u>Rosebud, Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wm. Burton</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Holt</u>				14. NAME OF HUSBAND OR WIFE <u>Henry A. Hahn</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.				17. INFORMANT'S SIGNATURE OR NAME <u>Henry A. Hahn</u> ADDRESS <u>Union, Mo.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular thrombosis</u> ANTECEDENT CAUSES Arteriosclerosis DUE TO (b) <u>Arteriosclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Hypertension DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Severe Rheumatoid arthritis</u>								INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>3 yrs</u> <u>10 yrs</u> <u>20 yrs</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>								20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from <u>January, 1949, to 24 Dec., 1951</u> , that I last saw the deceased alive on <u>24 Dec., 1951</u> , and that death occurred at <u>4:15 P. m.</u> , from the causes and on the date stated above.													
23a. SIGNATURE <u>Wm. Richardson, M.D.</u> (Degree or title)						23b. ADDRESS <u>Union, Mo.</u>			23c. DATE SIGNED <u>28 Dec 51</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/30/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union</u>				24d. LOCATION (City, town, or county) (State) <u>Union, Mo.</u>					
DATE REC'D BY LOCAL REG. <u>Dec. 28, 1951</u>		REGISTRAR'S SIGNATURE <u>F. J. Hedmann by L. P. Hickman</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>E. F. Altman</u>		ADDRESS <u>Union, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

0362

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

DEC 30 1951

RECEIVED

OCT 8 1951

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**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 \_\_\_\_\_

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Rafael Altman .....

Licensed Embalmer No. 4808 .....

P. O. Address Union 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.