

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

0940

FILED DEC 14 1954

STANDARD CERTIFICATE OF DEATH

State File No. 38486

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 378

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) Leadwood		c. CITY OR TOWN Leadwood	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) 44 Years		e. STREET ADDRESS (If rural, give location) 0490	
d. FULL NAME OF HOSPITAL OR INSTITUTION Leadwood			

3. NAME OF DECEASED (Type or Print)	a. (First) Ella Francis	b. (Middle)	c. (Last) Hahn	4. DATE OF DEATH (Month) (Day) (Year)
				Dec. 2 1954

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 21, 1888	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 4 Days 11	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telephone Operator		10b. KIND OF BUSINESS OR INDUSTRY Telephone	11. BIRTHPLACE (City and State or Foreign Country) Cedar County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME James Belcher	13b. MOTHER'S MAIDEN NAME Harriett Copeland	14. NAME OF HUSBAND OR WIFE Arthur Hahn
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 499-32-1654	17. INFORMANT'S SIGNATURE OR NAME Mrs. Alma Harmonds Leadwood, Mo.	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Lung		INTERVAL BETWEEN ONSET AND DEATH 5 Months
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Aug 2, 1954**, to **Dec 2, 1954**, that I last saw the deceased alive on **Dec 2, 1954**, and that death occurred at **1:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE John W. Huntz (Degree or title) M.D.	23b. ADDRESS Leadwood, Mo.	23c. DATE SIGNED 12/6/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/5/54	24c. NAME OF CEMETERY OR CREMATORY Parkview Cemetery	24d. LOCATION (City, town, or county) (State) Farmington, Missouri
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DATE REC'D BY LOCAL REG. Dec. 6, 1954	REGISTRAR'S SIGNATURE Ether Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE But L. Boyer	ADDRESS Leadwood, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed ~~William E. Be...~~ William E. Be...

Licensed Embalmer No. 47

P. O. Address Leadwood

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.