

BIRTH NO. ....		REG. DIST. NO. <u>319</u>		PRIMARY REG. DIST. NO. <u>4469</u>		Registrar's No. <u>20</u>							
1. PLACE OF DEATH a. COUNTY <u>Ste. Genevieve</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u>				b. COUNTY <u>Hollinger</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ste. Genevieve</u>			c. LENGTH OF STAY (in this place) <u>1 year</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedgewickville</u>			d. STREET ADDRESS (If rural, give location) <u>None</u>						
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ste. Gen Rest Home</u>													
3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u>			b. (Middle) <u>CHRISTOPHER</u>		c. (Last) <u>HAHS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 10 1956</u>						
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug. 26, 1863</u>		9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 Hrs. Hours	IF UNDER 1 Hrs. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					
13a. FATHER'S NAME <u>Henry C. Hahs</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Seabaugh</u>			14. NAME OF HUSBAND OR WIFE <u>Deceased</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Hahs. Jackson, Mo.</u>						ADDRESS		
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>Chronic Myocarditis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>7 yrs</u>			
				ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.  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  <u>4222</u>								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>Feb 20, 1956</u> , to <u>Mar 10, 1956</u> , that I last saw the deceased alive on <u>Mar 10, 1956</u> , and that death occurred at _____ m., from the causes and on the date stated above.													
23a. SIGNATURE <u>Arthur E. Jackson, M.D.</u>					23b. ADDRESS <u>Ste. Genevieve Mo</u>			23c. DATE SIGNED <u>3-13-56</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/13/1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sedgewickville</u>			24d. LOCATION (City, town, or county) (State) <u>Sedgewickville, Mo.</u>						
DATE REC'D BY LOCAL REG. <u>3/15/1956</u>		REGISTRAR'S SIGNATURE <u>Luella Barber</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>McCombs Furr &amp; Hud. Co. Jackson, Mo</u>							ADDRESS	

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

*Bill Meyer*

Licensed Embalmer No. *3057*

P. O. Address *Jackson 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.