

9-4-41  
17-39  
X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 28

Registration District No. 347

Primary Registration District No. 3018

Registrar's No.

1. PLACE OF DEATH:

(a) County HENRY Co.

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

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

In this community CAME U.S.A. at 6 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME ANNA EBLING HAHN

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Charles 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased. Mar 1 1847  
(Month) (Day) (Year)

8. AGE: Years 94 Months 8 Days 23 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace BREHEN GERMANY  
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Geo Albin EBLING

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

14. Maiden name don't know

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

16. (a) Informant Julia Hahn

(b) Address Kansas city Mo

17. (a) Burial (b) Date thereof 11-26-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Conradur Peck

(b) Address \_\_\_\_\_

19. (a) 11-25-41 (b) Dr J P Nuyton  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry

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

(d) Street No. 214 E Grandover  
(If rural, give location)

(e) Citizen of foreign country? foreign (Yes or No) \_\_\_\_\_  
If yes, name country Brehen Germany

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24 year 1941 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from 10-23, 1941, to 11-24, 1941  
that I last saw her alive on 11-24, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism  
Varicella Endocarditis  
Due to impacted Fracture  
Surg and med. ad. focus  
Due to due to a fall  
chronic

Other conditions 19 Mo  
(Include pregnancy within 3 months of death)

Duration 15 Mo

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death is charged statistically.

Major findings: Of operations \_\_\_\_\_

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence 042

(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)

23. Signature Ed. C. Peck (M. D. or other) Mo  
Address Clinton Mo Date signed 11-25/41

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

RECEIVED  
District Health Officer No. 7;  
District File Number 12-4-1942  
Date Filed 12-1-41

JUL 18 1944

**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.....

*J. E. Consalvo*

Licensed Embalmer No. 1891

P. O. Address.....

*Clinton 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.**

Registration District No. 347

Primary Registration District No. 3018

Registrar's No.

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton

(c) Name of hospital or institution:

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

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

In this community \_\_\_\_\_ (Specify whether \_\_\_\_\_)

3. (a) PRINT FULL NAME Anna C. Hahn

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex A. 5. Color or race W.

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Mar 1, 1864

(Month) (Day) (Year)

8. AGE: Years 94 Months 6 Days \_\_\_\_\_

If less than one day \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(Burial, cremation, or removal)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Registrar's signature)

(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar Day 24 Year 1941 Hour \_\_\_\_\_ Minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; that I last saw him/her alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

**SUPPLEMENTARY**

Mrs Hahn had an impacted fracture of the surgical neck of the right Femur. This was accidental and was due to a fall at home while walking around the room. Due to other conditions \_\_\_\_\_ and poor health she was very feeble and the fall was probably due to muscle weakness.

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

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 Oct 23, 1941

(c) Where did injury occur? at home (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)

(a) \_\_\_\_\_ (b) \_\_\_\_\_ (Means of injury)

23. Signature Chas. Beelman M.D. (M. D. or other)

Address Clinton Mo Date signed \_\_\_\_\_

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

