

FILED FEB 14 1944

Registration District No. 2 Primary Registration District No. 5014 Registrar's No. 3

1. PLACE OF DEATH:

(a) County Andrew  
(b) City or town Jefferson  
(c) Name of hospital or institution: Rural  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution. 70 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Frac Rudolph Haenni

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

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife Elizabeth Haenni 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Nov 8 1865 (Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 5 If less than one day hr. min.

9. Birthplace Murten Switzerland (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Jacob Haenni  
13. Birthplace Switzerland (City, town, or county) (State or foreign country)

14. Maiden name Margrete Brock  
15. Birthplace Switzerland (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth Haenni  
(b) Address Savannah Mo  
17. (a) B. (b) Date thereof 1-16-44 (Month) (Day) (Year)

(c) Place: burial or cremation Savannah Mo

18. (a) Signature of funeral director E. C. Brest

(b) Address Savannah Mo

19. (a) 1-14-44 (b) F. H. Fitchman (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew  
(c) City or town Jefferson Township (If outside city or town limits, write "RURAL")  
(d) Street No. — (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 18 year 1944 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from Dec 28 to Jan 12 1944  
that I last saw him alive on Jan 12 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Senile Gangrene

Due to arteriosclerosis

Due to —

Other conditions (Include pregnancy within 3 months of death)

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  
(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) Means of injury

23. Signature Walter Chyren (M. D. or other)  
Address Savannah Date signed Jan 14

**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.....

*E. G. Breit*

Licensed Embalmer No.

*2650*

P. O. Address.....

*Savannah*

**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.**