

No. 2  
4-13-40  
-17-39  
X23159

NOV 15 1940

Registration District No. 3

Primary Registration District No. 4182

Registrar's No.

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

1. PLACE OF DEATH:  
 (a) County Gasconade  
 (b) City or town Hermann  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community 27 years  
years, months or days)

3. (a) PRINT FULL NAME KATHERINE HAFNER  
 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 Widowed  
 6. (b) Name of husband or wife Nickalos Hafner 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Aug. 1 1858  
(Month) (Day) (Year)

|         |       |        |      |                      |
|---------|-------|--------|------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
|         | 82    | 2      | 7    | hr. _____ min. _____ |

9. Birthplace Gore Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Hwf.

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

12. Name Aloys Habarthier

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

14. Maiden name Katherine Transier

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

16. (a) Informant Louis Hafner  
 (b) Address Case, Missouri

17. (a) Cremation (b) Date thereof 10/10/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Valhalla Crematory Hermann, Missouri

18. (a) Signature of funeral director Hugh H. Rieker  
 (b) Address Hermann, Missouri  
 19. (a) 10-9-40 (b) Anna Rieker  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Gasconade  
 (c) City or town Hermann  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month October day 8<sup>th</sup> year 1940 hour 2 minute 15<sup>th</sup> M.  
 21. I hereby certify that I attended the deceased from Jan. 15-40 1940 to Oct 8 1940  
 that I last saw her alive on Oct 8 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis  
 Duration 10 months

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions Arterial Sclerosis, Arteriosclerosis  
(Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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?  
 No: \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature H. Rieker (M. D. or other) \_\_\_\_\_  
 Address Hermann, Mo. Date signed 10/9/40

DEC 1 1945

**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.....  
.....  
working under my personal supervision.

Signed *Hugot Blumer* Registered Apprentice No. ....

Licensed Embalmer No. 3160

P. O. Address Hermann, Missouri

**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.