

Madison County



Hahn, John Jasper (14 Nov 1848 Bollinger Co MO– 13 Mar 1941 Mine La Motte, Madison Co, MO) Born Bollinger Co., Mo. Enl: 15 Aug 1864 at Pilot Knob Mo in Co. C, 47th Missouri Infantry Discharged 29 Mar 1865 at Benton Barracks, St. Louis, MO. Muster out roll of Co. I, 47th Reg. Son of Joseph Israel Hahn and Mary "Polly" Reagan Hahn. Husband of Joanna Gadberry Hahn.

The Democrat News, Mar. 20, 1941

J. J. Hahn Given Military Funeral

J. J. Hahn, last surviving Civil War veteran in Madison County, was buried Sunday afternoon in the Christian Cemetery. The aged Mine La Motte

resident passed away at his home March 13. He was 92 years past.

He is survived by his wife and five children: A. N. Hahn of DeSoto; Mrs. Vashti Greer of Fredericktown; Mrs. Nellie Stout of St. Louis; John O. Hahn of St. Louis and Margaret Hoff of Oakland, California. Twenty six grandchildren and 30 great grandchildren survive the aged soldier.

Hahn was married Dec. 22, 1876 and recently celebrated their 68th wedding anniversary. He had been a member of the Methodist Church since 1876. Rev. Nance was in charge of religious exercises and Webb's mortuary conducted the funeral.

About fourteen soldiers from Jefferson Barracks were present and gave the aged man a military burial. The firing squad and bugler added much to the beautiful ceremony.

Fredericktown Madison County Press, Mar. 20, 1941

Military Funeral for John J. Hahn Sunday

The last Civil War veteran in this section was laid to rest Sunday in the Christian Cemetery [Fredericktown, Madison Co, MO] with full military honors, conducted by soldiers from Jefferson Barracks. One of the largest funeral processions seen in this section for some time accompanied the remains from the home in Mine La Motte community to the cemetery. In addition to the



John Jasper Hahn
1890s

services of the American Legion and the United States Army, the Odd Fellows, to which order Mr. Hahn was a loved and respected member, conducted their last rites at the grave. He was 92 years, 3 months and 29 days.

APR 3 1941

Registration District No. 538

Primary Registration District No. 6230

1. PLACE OF DEATH

(a) County Madison
(b) City or town Mine La Motte
(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 _____
In this community 2 1/2 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME John Jasper Hahn
3. (b) If veteran, name war Civil 3. (c) Social Security No. _____

4. Sex M 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Joanna Battery Hahn 6. (c) Age of husband or wife if alive 87 years
7. Birth date of deceased Nov 14 1848
(Month) (Day) (Year)

8. AGE: Years 92 Months 3 Days 29 If less than one day hr. min.

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

10. Usual occupation Retired Miner

11. Industry or business

MOTHER FATHER
12. Name Joe Hahn
13. Birthplace Missouri
14. Maiden name Mary Ragan
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature A. M. Hahn
(b) Address hls. 501, Missouri

17. (a) (Burial, cremation, or removal) Fredericktown Mo
(b) Date thereof March 16 1941
(Month) (Day) (Year)

18. (a) Signature of funeral director C. H. Weber
(b) Address Fredericktown Mo

19. (a) Feb 15 - 1941 (b) S. C. S. Langhals
(Date received local registrar) (Registrar's signature)
By C. P. Edwards

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison
(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. New La Motte
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 18th year 1941 hour = 6:30 minute 4 - M.

21. I hereby certify that I attended the deceased from Dec 12, 1940, to Mar 13, 1941
that I last saw him alive on = Mar 12 - 7 P.M., 1941
and that death occurred on the date and hour stated above.

Immediate cause of death = Heart - just failed = _____
Duration _____

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy none

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? no (Specify type of place) (a) Means of injury ✓

23. Signature M. B. Parker (M. D. or other) MD
Address Fredericktown Mo Date signed 4/4/41

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS: CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. USE UNFADING INK—MAKE A PERMANENT RECORD.

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

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5-41
227852

Registration District No. 538

Primary Registration District No. 6230

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Madison

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

(c) Name of hospital or institution:

(If in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME Johannes Hahn

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.....

6. (c) Age of husband or wife if alive..... year

7. Birth date of deceased (Month) (Day) (Year)

8. AGE:			If less than one day hr. min.
Years	Months	Days	
<u>97</u>	<u>3</u>	<u>29</u>	

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

10. Usual occupation

11. Industry or business

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) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

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 May day 13
year 1941 hour..... minute..... M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that last saw him alive on....., 19.....; and that death occurred on the date and hour stated above.
Immediate cause of death Heart just failed Duration

Due to Myocarditis, acute

Due to.....

Other conditions (Include pregnancy within 3 months of death) gsk

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) (e) Means of injury.....

23. Signature M. B. Burlew (M. D. or other)

Address Date signed 6/13/41
Mo

SUPPLEMENTARY