

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**15547**

**1. PLACE OF DEATH**

County Carroll  
Township Carroll  
City Carrollton (No. ....)

Registration District No. 135  
Primary Registration District No. 3010

File No. ....  
Registered No. 44  
St. .... Ward)

**2. FULL NAME**

Harry Edwin Hauser  
(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elmer Hauser

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 9-1891

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
38      6      11

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Merchant  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Miss Co  
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Peter Hauser

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

12. MAIDEN NAME OF MOTHER Bertha Klingler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) England

14. INFORMANT Mrs Ray Logan  
(Address) Sedalia Mo

15. FILED 5-21 1930 Mrs E E Farnham  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 20 1930

17. I HEREBY CERTIFY, That I attended deceased from May 20 1930, to May 20 1930, that I last saw him alive on May 20 1930, and that death occurred, on the date stated above, at 4:30 P m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Shock and hemorrhage result of gunshot wound back left chest/upper abdomen  
(duration) yrs. mos. ds. 18 ds.

CONTRIBUTORY (SECONDARY) 18 ds  
1030 (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

1 DID AN OPERATION PRECEDE DEATH? No DATE OF May 20 1930

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) H. Hook M. D.

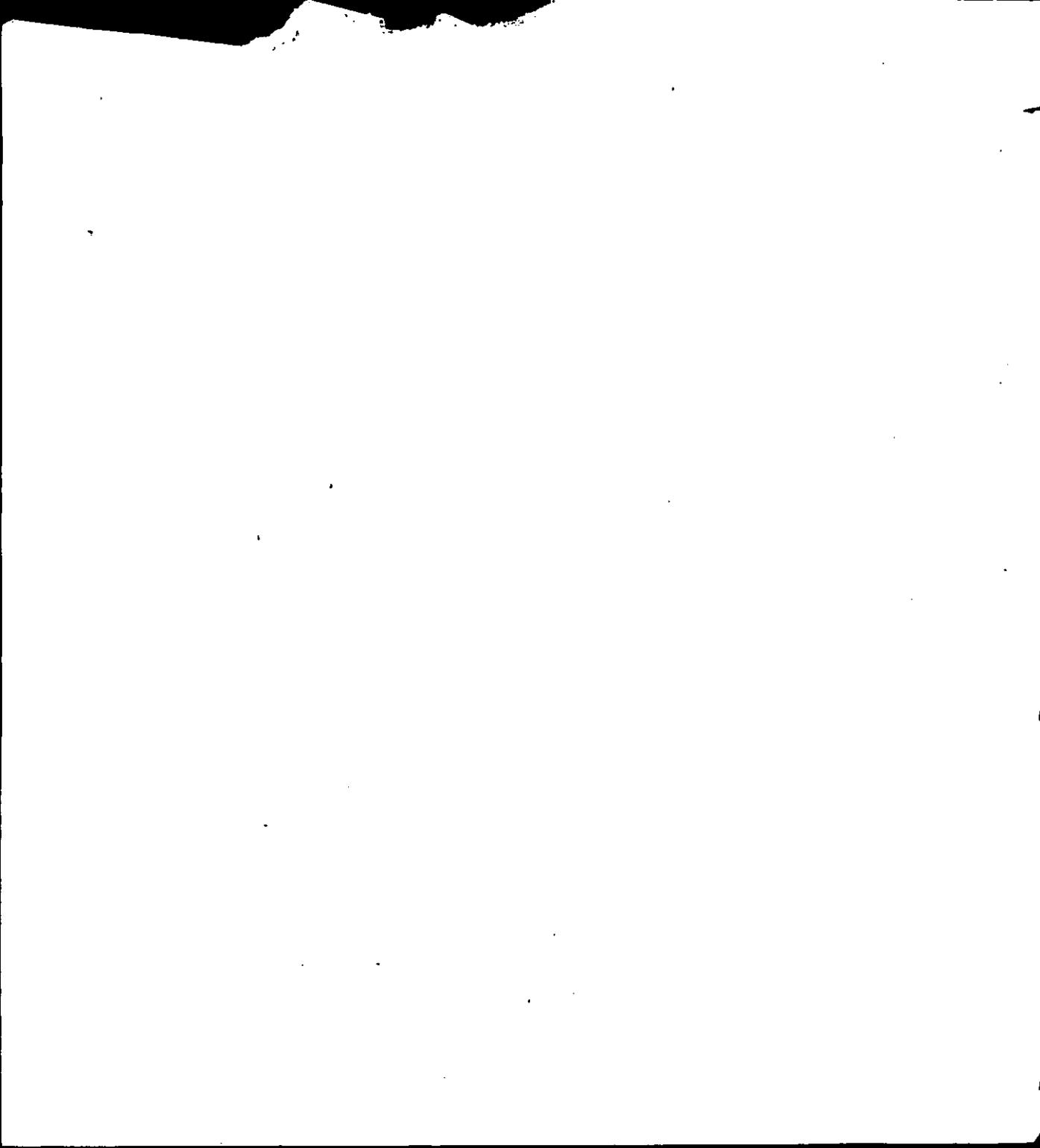
(Address) Carrollton Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bridge Park Cem DATE OF BURIAL May 22 1930

20. UNDERTAKER W. W. Campbell Marshall ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Every item of information should be carefully supplied.



**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Carroll  
Township Carrollton  
City Carrollton

Registration District No. 135-  
Primary Registration District No. 3010

File No. ....  
Registered No. 44  
St. .... Ward

2. FULL NAME

Harry Edwin Danuser

(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .... hrs. or .... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14.

INFORMANT (Address)

15.

FILED J-21, 1930 Mrs. E. P. Farham REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 20 1930

17.

I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19....., that I last saw h. .... alive on ..... 19....., and that death occurred, on the date stated above, at .....

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Shock & Hemorrhage result of gun shot wound lower left chest & upper abdomen

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) .....

, 19 (Address)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

20. UNDERTAKER

ADDRESS

CAUSE OF DEATH in plain terms, it is a requirement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY 103

44-1581-5

As no one was present when he was shot  
so far as is known the shooting was accidental.

Respectfully,

*R. J. James*

The above is all the information  
I could get

Mrs E. E. F. Arnhart  
Registrar of Dist. 135-

PHYSICIANS should  
OCCUPATION is

AGE should be sta.  
not stat

(52) - 15547  
May 20, 1930