

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

2436

File No.

Registered No. 3

St. Ward)

1. PLACE OF DEATH
 County Pike
 Township Carver
 City Bowling Green (No.)

Registration District No. 684
 Primary Registration District No. 4408

2. FULL NAME Jenas Robert 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 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
X X

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 28-1887

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>43</u>	<u>2</u>	<u>15</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Painter 69
 (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) Cottleville Mo

10. NAME OF FATHER Rt. Hauser

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

12. MAIDEN NAME OF MOTHER Adeline Grable

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

14. INFORMANT O. Robert Hauser
 (Address) Bowling Green Mo

15. FILED 1/19, 1931 D. Bernhart
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 12th 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 1st 1930 to Jan 12th 1931 that I last saw him alive on Jan 12th 1931, and that death occurred, on the date stated above, at 8 A m.

18. THE CAUSE OF DEATH WAS AS FOLLOWS:
46 D
46 E
Carcinoma of the liver and rectum
 (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) None
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Aug 29, 1930

WHAT TEST CONFIRMED DIAGNOSIS? Operative findings
 (Signed) J. B. Biggs M. D.

Jan 12, 1931 (Address) Bowling Green 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 DATE OF BURIAL
Bowling Green Cemetery Jan. 13 1930

20. UNDERTAKER ADDRESS
W. B. Elmore Bowling Green

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 21 1931

THIS IS A PERMANENT RECORD

