

NOV 21 1938

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

35207  
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan, Registration District No. 85  
(b) Township 1 Primary Registration District No. 1001 Registered No. 1142  
(c) City St. Joseph, (d) Street No. 1617 Belle St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 35 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles Elmer Hause,

(a) Residence, No. 1617 Belle St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

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 Amanda Hause,  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4, 1868,  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 4 11

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Mechanic  
9. Industry or business in which work was done, as saw mill, bank, etc. Automobile,  
10. Date deceased last worked at this occupation (month and year) Nov. 1938 11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hagerstown, Maryland,

13. NAME John Hause,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hagerstown, Maryland,

15. MAIDEN NAME Frances Springer,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hagerstown, Maryland,

17. INFORMANT (ADDRESS) Mrs. Chas. E. Hause

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Jo. Cem. Park DATE Nov, 17th, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Heaton, Dr. J. W. Brown  
319 So. 10th. Str. Funeral Home

20. FILED Nov 16 1938 W. J. Nestel Social Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 15, 1938

22. I HEREBY CERTIFY That I attended deceased from Jan. 27, 1937, to Nov 15, 1938  
I last saw him alive on Nov. 15, 1938. Death is said to have occurred on the date stated above, at 10:06 p.m.  
The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency Date of onset Apr 1936  
107

Other contributory causes of importance: Broncho pneumonia 11-10-38

Name of operation None Date of None  
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_ (Signed) S. P. Lemon M. D.

(Address) St. Joseph, Mo.

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.

**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, Nov, 15, 19

or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 So. 10th St Joseph

**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, above space should be left blank.**