

REC'D MAY 10 1939

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

14211
Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 73
(b) Township Columbia Primary Registration District No. 3006
(c) City Columbia or (d) Street No. _____ St.
(e) Length of residence in city or town where death occurred _____ yrs. mos. ds. (f) How long in U.S., if of foreign birth? _____ yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

(a) Residence, No. 208 Frank Hauge 718 West St. Columbia, Mo. St. (If nonresident, give city or town and State)

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 Frances Hauge
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 26, 1882
7. AGE YEARS 55 MONTHS 4 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
13. NAME Richard Hauge
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England
15. MAIDEN NAME Allie Davidsohn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
17. INFORMANT Frances Hauge (ADDRESS) 718 West St. Columbia, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Senior, Mo. DATE 4/10/39
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stokers Columbia, Mo.
20. FILED 4/10/39 Allie Selby Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9 1939
22. I HEREBY CERTIFY, That I attended deceased from Mo. 1939 to April 7 1939
I last saw him alive on April 7 1939. Death is said to have occurred on the date stated above, at 11:30 P.
The principal cause of death and related causes of importance were as follows:
1920
General Arteriosclerosis
Coronary Arteriosclerosis
Other contributory causes of importance:
General Arteriosclerosis
Name of operation _____ Date of _____
What test confirmed diagnosis? 174 Was there an autopsy? _____
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? _____
If so, specify _____
(Signed) Stephen D. Smith M. D.
714 (Address) Columbia 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, or by.....

Chad R. King
....., Registered Apprentice No. *161*
working under my personal supervision.

Signed *M. W. M. Petrusich*
.....

Licensed Embalmer No. *3893*

P. O. Address *Columbia*

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.