

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

32357
Do not use this space.

350 OCT 12 1939

1. PLACE OF DEATH
 (a) County Franklin Registration District No. 297
 (b) Township Washington Primary Registration District No. 3016 Registered No. 80
 (c) City Washington (d) Street No. Main & Walnut St. 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 80 yrs. 0 mos. 26 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George F. Hausmann
 (a) Residence, No. Main & Walnut St. Washington, Mo. 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 <i>(write the word)</i> Married	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Anna Hausmann.			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 6th, 1859.			
7. AGE	YEARS 80	MONTHS 0	DAYS 26 If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer.		
	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) 1936.		
11. Total time (years) spent in this occupation 40 yrs.			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington, Missouri.			
FATHER	13. NAME Louis Hausmann.		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.		
MOTHER	15. MAIDEN NAME Charlotte Barkhausen.		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.		
17. INFORMANT (ADDRESS) Mrs. Anna Hausmann. Washington, Mo.			
18. BURIAL, CREMATION, OR REMOVAL PLACE Washington, Mo. DATE Sept. 4th, 1939.			
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Nieburg & Vitt, Inc., Washington, Mo.			
20. FILED <u>Sept. 2, 1939</u> H. A. May Local Registrar			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 2nd, 1939.**

22. I HEREBY CERTIFY, That I attended deceased from April, 1938, to Sept 1, 1939.
 I last saw him alive on Sept 1, 1939. Death is said to have occurred on the date stated above, at 11 a. m.
 The principal cause of death and related causes of importance were as follows:
Atrophic Cirrhosis of Liver resulting in Obstruction of Portal Vein, causing Abdominal Ascites
 Date of onset

Other contributory causes of importance:
Age 124

Name of operation X Date of X
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? X Date of injury X, 1939
 Where did injury occur? X (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X
 Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify no
 (Signed) A. L. Murchison, M. D.
 (Address) Washington 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,

Lester A. Vitt

or by

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

Signed.....

Lester A. Vitt

Licensed Embalmer No.....

3254

P. O. Address.....

Washington, Mo.

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.