

Registration District No. 7Primary Registration District No. 3001Registrar's No. 37

## 1. PLACE OF DEATH:

- (a) County Barberville Adair  
 (b) City or town Barberville Adair  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Common Smith  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 26 Days (Specify whether

In this community  
years, months or days)3. (a) PRINT  
FULL NAME Nanita Francis Hauschig8. (b) If veteran,  
name war8. (c) Social Security  
No. Kanschig4. Sex Female5. Color or  
race white6. (a) Single, widowed, married,  
divorced married6. (b) Name of husband or wife  
Edward Hauschig6. (c) Age of husband or wife if  
alive 30 years7. Birth date of deceased July 3 1911  
(Month) (Day) (Year)

## 8. AGE:

Years

Months

Days

If less than one day

28713

hr. min.

9. Birthplace Holstein Iowa  
(City, town, or county) (State or foreign country)10. Usual occupation Home wife

11. Industry or business

12. Name William Reif13. Birthplace Acadia Iowa  
(City, town, or county) (State or foreign country)14. Maiden name Harris Brown15. Birthplace neb  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Edward Hauschig(b) Address Onalaska Neb17. (a) Onalaska Neb (b) Date thereof Feb 19-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Forest Lawn18. (a) Signature of funeral director Burness & Fluehly(b) Address Barberville Mo19. (a) Feb-16/40 (b) Spencer L. Freeman  
(Date received local/registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State neb (b) County Douglas  
 (c) City or town Onalaska  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 16th  
year 1940 hour 7 minute 40 A.M.21. I hereby certify that I attended the deceased from Jan 22  
1940, to Feb 16, 1940;  
that I last saw her alive on Feb 15, 1940;  
and that death occurred on the date and hour stated above.Immediate cause of death Septicemia  
myocarditisDuration  
1 week  
19 daysDue to Pneumonia 10 daysDue to Influenza 2 1/2 12 daysOther conditions Operation Jan 23 1940  
(Include pregnancy within 3 months of death)Major findings:  
Of operations Pense adhesions from previous  
operations & Gallstone  
Of autopsy \_\_\_\_\_

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically

## 22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

3 While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_23. Signature George E. Graw (M. D. or other) 1  
Address Barberville Mo Date signed Feb 16

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

RECEIVED

District Health Officer No. 10

District File Number 3-40-598

Date Filled MAR 12 1940

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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.....

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**