NOV 21 1940

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

36145
Do not use this space.

1 0

1. PLACE OF DEATH
(a) County Randolph Registration District No. 735
(b) Township Primary Registration District No. 3034 Registered No. 226
(c) City Moberly (d) Street No. Woodland Hospital 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Fred George Hauser
(a) Residence, No. Oil City, Mo. St.
(Usual place of abode, if no street address, write county or city) (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~~ Mrs Annie Hauser
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28-1883
7. AGE: Years 67 | Months 4 | Days 26 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Engineer
9. Industry or business in which work was done, as saw mill, bank, etc. Oil Pumping Station
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) Humbolt Kansas

FATHER
13. NAME Charles Hauser
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME unKnown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs Annie Hauser Salisbury, Mo
18. BURIAL, ~~CREMATION, OR~~ REMOVAL
PLACE Humbolt Kans. DATE Oct 30 1940
19. FUNERAL DIRECTOR (NAME) Geo B Winkelmeyer (ADDRESS) Salisbury, Mo
20. FILED 10/28/40 1940 Ardell Butler Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 27 1940

22. I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1940, to Oct. 27, 1940
I last saw him alive on Oct. 27, 1940. Death is said to have occurred on the date stated above, at 9:25 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute suppurative appendicitis	Oct. 12 1940
Peritonitis	

Other contributory causes of importance:

Name of operation Appendectomy + drainage Date of Operation Oct. 13/40
What test confirmed diagnosis? 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? No
If so, specify No
(Signed) R. D. Streeter, M. D.
(Address) Moberly, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

DEC 11 1942

DEC 22 1942

RECEIVED
District Health Officer No. 10
District File Number 11-40-2177
Date Filed NOV 14 1940

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, C B Winkelmeyer, or by .....

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

Signed Chas. B. Winkelmeyer

Licensed Embalmer No. 3842

P. O. Address Salisbury, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.