

Registration District No. 408

Primary Registration District No. 5565

Registrar's No. 12

900
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Rural - Union Pa.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
R#1 Sarcotie Missouri
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether)

In this community Seventy Three years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. R#1 Sarcotie
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? years

3. (a) PRINT FULL NAME Leander Hauck

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16
year 1941 hour 9 minute 15 P.M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Neoma Jan

6. (c) Age of husband or wife if alive 1868 years
(Day) (Year)

7. Birth date of deceased Jan 1 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 13 1941, to Jan 15 1941; that I last saw him alive on Jan 15 1941; and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 14 Days 14
If less than one day hr. min.

Immediate cause of death
Influenza
Pneumonia

Due to

Due to

9. Birthplace Carthage Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

Other conditions Laryngitis, Circulatory Insufficiency
(Include pregnancy within 3 months of death)

11. Industry or business None

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

16. (a) Informant Elbert Hauck

(b) Address R#1 Sarcotie

17. (a) Burial, cremation, or removal Rural (b) Date thereof Jan 18 1941
(Month) (Day) (Year)

(c) Place: burial or cremation Dodman Cemetery

18. (a) Signature of funeral director Kneel Mortuary

(b) Address Carthage Missouri

19. (a) Jan 18, 1941 (b) E. G. McEntire, M.D.
(Date received local registrar) (Registrar's signature)

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? While at work? (Specify type of place) (e) Means of injury

23. Signature Dr. J. C. Kelbault (M. D. or other) 6105
Address Sarcotie Missouri Date signed Jan 16 1941

41-2-218.

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.....

John D. Batchelder

Licensed Embalmer No. *4153*

P. O. Address *Carthage 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, fact should be so stated above.