

Registration District No.

668

Primary Registration District No.

3032

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 115 East 6th. St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 115 East 6th. St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME Albert Geo. Hausam

3. (b) If veteran, name war. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alma Leota Hausam 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased March 8 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 6 20 hr. min.

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

10. Usual occupation Dentist

11. Industry or business

MOTHER FATHER { 12. Name John Hausam
13. Birthplace Unkown 69
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Frech
15. Birthplace Unkown 61
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A.G. Hausam
(b) Address Sedalia, Mo. 115 E. 6th. St.

17. (a) Burial (b) Date thereof 9-30-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smithton, Mo.

18. (a) Signature of funeral director Gillespie Funeral Home
(b) Address Sedalia, Mo.

19. (a) Sept 29 1941 (b) Mrs. Henny Sneed
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 28
year 1941 hour 7 minute 20 A.M.

21. I hereby certify that I attended the deceased from Nov 20 1940 to Sept 25 1941
that I last saw him alive on Sept 25 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Cordiac Hypertrophy 14 y t
Duration

Due to 131a

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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. H. S. Moore (M. D. or other) ✓
Address 111 W 14 Sedalia Mo Date signed 9-29-41

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

80
664

NOV 19 1941

NOV 6 1941

Date Filed 10-7-41
District File Number _____
District Health Officer No. 8,

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 L. C. Bouillon

Licensed Embalmer No. 3867

P. O. Address Sedalia 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.