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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34100

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4040

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community ~~40 years~~ 2 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte 999

(c) City or town Kansas City 14
(If outside city or town limits, write "RURAL")

(d) Street No. 95 North Mill St.
(If rural, give location)

(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Austria 2

3. (a) PRINT FULL NAME PHILIP HAUSER

3. (b) If veteran, name war no

3. (c) Social Security No. 510-07-7105

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Anna Hauser

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased November 1, 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	57	11	26	hr. min.

9. Birthplace (City, town, or county) Austria 4 (State or foreign country)

10. Usual occupation Millwright

11. Industry or business Flour Milling

FATHER
12. Name Christian Hauser
13. Birthplace (City, town, or county) Austria 4 (State or foreign country)

MOTHER
14. Maiden name Magdalena Guenther
15. Birthplace (City, town, or county) Austria 4 (State or foreign country)

16. (a) Informant Mrs. Anna Hauser 1
(b) Address 95 North Mill St., K.C.K.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/30/41 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park, K.C.K.

18. (a) Signature of funeral director Geo. H. Long
(b) Address Kansas City, Kansas

19. (a) 10/30/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day 10-27-41
year hour minute M

21. I hereby certify that I attended the deceased from 8:33 P.
19 to 19;
that I last saw him alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral hemothorax

Due to Crushing injury to chest

Due to Automobile traumatism

Other conditions (Include pregnancy within 3 months of death) 170 C-6

Major findings:
Of operations 2

Of autopsy yes

Duration

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) Accident
(b) Date of occurrence 10-25-41 123
(c) Where did injury occur? K.C. (City or town) (County) (State) Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) 3
Address K.C. Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

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. Harry C Bergman

Licensed Embalmer No. 2041

P. O. Address. K.C. Mo.

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

If this body is not embalmed, fact should be so stated above.