S. No. 2
—9-4-41
5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 3 1942

Registration District No. 1225

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6178

Primary Registration District No. 3009

Registrar's No. 23

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4

1. PLACE OF DEATH:
(a) County: Cape Girardeau
(b) City or town: " " (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Southeast Mo. Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Days (Specify whether years, months or days)
In this community 10 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cape Girardeau
(c) City or town: Cape Girardeau (If outside city or town limits, write "RURAL")
(d) Street No. 216 NORTH ELLIS (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

16
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3. (a) PRINT FULL NAME: Clara Hauenschild

3. (b) If veteran, name war: ***

3. (c) Social Security No.: ***

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: ✓

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

7. Birth date of deceased: March 4 1869 (Month) (Day) (Year)

8. AGE: Years 72 | Months 10 | Days 16 | If less than one day ___ hr. ___ min.

9. Birthplace: Cape Girardeau (City, town, or county) Mo (State or foreign country) 1

10. Usual occupation: Retired

11. Industry or business:

FATHER
12. Name: Henry Hauenschild
13. Birthplace: Germany (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name: Marie Luckman
15. Birthplace: Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant: Mrs A D Blomeyer
(b) Address: Cape Girardeau, Mo

17. (a) Buriel (Burial, cremation, or removal) (b) Date thereof: 1-21st-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Lorimer

18. (a) Signature of funeral director: J Howell
(b) Address: Cape Girardeau, Mo

19. (a) Jan. 29-42 (Date received local registrar) (b) F W Phelps (Registrar's signature)

1014 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 20 year 1942 hour 6 minute 15 a. M.

21. I hereby certify that I attended the deceased from Nov 26th 41 Jan 20 1942, to ____ 19____; that I last saw her alive on Jan 20th 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis — Duration 7 yr

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations: 9 3d
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):
(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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: Wm. Wencoat (M. D. or other)
Address: Cape Girardeau Mo Date signed: 1-20-42

THEODORE L. WADDLE, M. D.,
Special Agent, Bureau of the Census
FREDERICKTOWN, MISSOURI

JUN 22 1945

RECEIVED
District Health Officer No. 4
District File Number 2-166
Date Filed 2-42

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 Joe G. Howell

Licensed Embalmer No. 3390

P. O. Address Cape Girardeau, 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.