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M-9441
7-5-17-39
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14132

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

LED APR 28 1943

Registration District No. 92

Primary Registration District No. 5333

Registrar's No.

1. PLACE OF DEATH:

(a) County Dade

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

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community 52 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dade

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

(d) Street No.....
(If rural, give location)

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

3. (a) PRINT FULL NAME Elizabeth Marie Haustein

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

3. (c) Social Security No. None

4. Sex F

5. Color or race White

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

6. (b) Name of husband or wife Bruno H. Haustein

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Oct 13-1890
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>25</u>	<u>14</u>hr.min.

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

10. Usual occupation House Wife

11. Industry or business.....

12. Name Henry Schepmann

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

14. Maiden name Elizabeth Bergeding

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

16. (a) Informant Bruno H. Haustein

(b) Address Lockwood, Mo

17. (a) Burial (b) Date thereof Mar 30 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Immanuel Lutheran

18. (a) Signature of funeral director P. J. Haunchild

(b) Address Lockwood, Mo

19. (a) Mar 29-1943 (b) Emilie J. Coover
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 27 day March
year 1943 hour 9 minute 0 M.

21. I hereby certify that I attended the deceased from 3-2-1943 to 3-27-1943
that I last saw her alive on 3-27- 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of liver

Due to.....

Due to..... 46 f

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

Major findings: Of operations

Of autopsy.....

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) (c) Means of injury

23. Signature P. D. Coover (M. D. or other).....

Address Lockwood Mo Date signed 3-27-43

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 01

District File Number 443-447

Date Filed 4/27/43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.