

FILED JUN 7 1943
 Registration District No. 74

Primary Registration District No. 5644

Registrar's No. 36

1. PLACE OF DEATH:
 (a) County Lafayette
 (b) City or town Lewis & Clark
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1 Rural - 5 mi W.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State mo (b) County Lafayette
 (c) City or town Luxington
 (If outside city or town limits, write "RURAL.")
 (d) Street No. 5 mi. W.
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country..... 0

3. (a) PRINT FULL NAME MARY LILLIAN HAUSAM
 3. (b) If veteran, name war.....
 3. (c) Social Security No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 15
 year 1943 hour 8 minute 30 P. M.

4. Sex Female 5. Color or race W
 6. (a) Single, widowed, married, divorced, Widow
 6. (b) Name of husband or wife John Hausam
 6. (c) Age of husband or wife if alive — years
 7. Birth date of deceased: July 3 1860
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1900 to May 15th 1943
 that I last saw her alive on May 12th 1943
 and that death occurred on the date and hour stated above.

8. AGE: Years 82 Months 10 Days 12
 If less than one day hr. min.

Immediate cause of death S. Parvum
Patient positively refused water as well as food
 Due to.....
 Due to..... 189
 Other conditions (Include pregnancy within 3 months of death) 99

9. Birthplace Luxington mo
 (City, town, or county) (State or foreign country)
 10. Usual occupation at home

Major findings: Of operations.....

MOTHER FATHER
 11. Industry or business.....
 12. Name Andrew Graham
 13. Birthplace Russellville mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Mercy Elizabeth Hall
 15. Birthplace Lynchburg Va
 (City, town, or county) (State or foreign country)

Of autopsy None made
 22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) 054
 (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.....

16. (a) Informant Mrs. G. W. Sherman
 (b) Address Luxington, mo
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19-1943
 (Month) (Day) (Year)
 (c) Place: burial or cremation Luxington, mo
 18. (a) Signature of funeral director W. W. Miller
 (b) Address Luxington, mo
 19. (a) June 2-43 (Date received local registrar) (b) Mrs. F. Schwab (Registrar's signature)

23. Signature W. F. Russell (M. D. or other)
 Address..... Date signed.....

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-5-43

Embalmer

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 *Geo. W. Dean*
Licensed Embalmer No. *2983*
P. O. Address *Union St*

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.