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S. No. 2
M-9-4-41
5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 14

Primary Registration District No. 3074

Registrar's No.

00
250
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Scott

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

(c) Name of hospital or institution: Sikeston 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 6 mo years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

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

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

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

3. (a) PRINT FULL NAME RAYMOND HAUSER

3. (b) If veteran, name war —

3. (c) Social Security No. 085-12-2191

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1943 hour 7:00 minute P M.

21. I hereby certify that I attended the deceased from May 18 1943 to May 18 1943 that I last saw him alive on May 18 1943 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Viola

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased June 10 1891
(Month) (Day) (Year)

Immediate cause of death proseura
brain thrombosis

Duration 5 days

8. AGE: Years Months Days If less than one day

51 11 21 hr. min.

Due to Insects fungus on face from shaving cut

Due to

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace New York
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

Major findings: Of operations 104 lb

Of autopsy

Underline the cause to which death should be charged statistically.

11. Industry or business

12. Name John George Hauser

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

14. Maiden name Caroline Kernberg
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. H. E. Merfeld

(b) Address St. Louis, Mo.

17. (a) Burial (b) Date thereof 5/22/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park - Sikeston Mo

18. (a) Signature of funeral director Welch Funeral Home

(b) Address Sikeston Mo

19. (a) 6-1-43 (b) Louis Largent
(Date received local registrar) (Registrar's signature)

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 In Sikeston Mo (e) Means of injury 0

23. Signature Morehouse, Mo (M. D. or other)

Address Morehouse, Mo Date signed 5/21/43

JUN 17 1943

RECEIVED

District Health Office, No. 2,

District File Number 643-825

Date Filed 6-10-43

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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston Missouri

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.