

No. 2
1-5-43
5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41834
Registrar's No. 387

FILED JAN 10 1945
Registration District No. 10

Primary Registration District No. 3052

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

1. PLACE OF DEATH:

(a) County PETTIS

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

(c) Name of hospital or institution:
1513 E. BROADWAY
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 1 (Specify whether years, months or days)

In this community LIFE (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS

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

(d) Street No. 1513 E. BROADWAY
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME LOUIS ANDREW HAUSAM.

3. (b) If veteran, name war 0

3. (c) Social Security No. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 1ST
year 1944 hour 4 minute 05 P M.

21. I hereby certify that I attended the deceased from 4-16- 1941 to 12-1- 1944.
that I last saw him alive on 11-29- 1944.
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 HANNAH

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

7. Birth date of deceased 3-8-1889
(Month) (Day) (Year)

Immediate cause of death Uremia

Due to Ch. nephritis
Ch. myocarditis

Due to arteriosclerosis
Hypertension

Other conditions (Include pregnancy within 3 months of death) 131

8. AGE: Years Months Days If less than one day
55 8 23 hr. min.

9. Birthplace SEDALIA MO
(City, town, or county) (State or foreign country)

10. Usual occupation MACHINIST.

11. Industry or business 0

12. Name JOHN HAUSAM.

13. Birthplace LEE COUNTY IOWA
(City, town, or county) (State or foreign country)

14. Maiden name ELIZABETH FRENCH

15. Birthplace NEW YORK CITY N.Y.
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. L. A. HAUSAM.

(b) Address SEDALIA, MO

17. (a) BURIAL (b) Date thereof 12-4-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SMITHTON GILLESPIE

18. (a) Signature of funeral director 0

(b) Address SEDALIA, MO

19. (a) 12-4-44 (b) Mrs. Anna Berger
(Date received local registrar) (Registrar's signature)

Major findings: Of operations 131

Of autopsy 0

PHYSICIAN 0

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) 0

(b) Date of occurrence 0

(c) Where did injury occur? (City or town) (County) (State) 0

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work? (Specify type of place) Means of injury 0

23. Signature J. M. Rodeman (M. D. or other) M.D.
Address Sedalia, Mo Date signed 12-1-44

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

1-5-78

FEB 1 1948

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 *L. E. Boulchin*

Licensed Embalmer No. *3867*

P. O. Address *Sealatin 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.