V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 9 1945

Registration District No. 374

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10922

Primary Registration District No. 4547

Registrar's No.

1. PLACE OF DEATH:

(a) County Worth

(b) City or town Grant City Missouri
(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
In this community His Entire Life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Worth

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

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William V Hauber

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M | 5. Color or race W | 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Amma Z Hauber

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased November (Month) 22 (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	2	25	hr. min.

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

10. Usual occupation Clothing Merchant

11. Industry or business Clothing Merchant

FATHER
12. Name Matthias Hauber
13. Birthplace St Louis County Mo
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Hauber Lynch
15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Amma Z Hauber
(b) Address Grant City Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 19 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Grant City Mo

18. (a) Signature of funeral director John Andrews Jr.
(b) Address Grant City Missouri

19. (a) Feb 25 1945 (Date received local registrar) (b) Maggie Ruchart (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Feb day 17
year 1945 hour 1 00 minute 13 A.M.

21. I hereby certify that I attended the deceased from Feb, 44 to Feb 17, 1945; that I last saw him alive on Feb 16 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertensive Heart Disease	2 Yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No 930	

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 D Ross MD (M. D. or other)

Address Grant City Mo Date signed 2-17-45

(Licensed Embalmer's Statement on Reverse Side)

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.....
John Andrews Jr....., Registered Apprentice No.....,
working under my personal supervision.

Signed John Andrews Jr

Licensed Embalmer No. 4211

P. O. Address Grant City 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.