v. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

RODEMAN
State File No. 42086

FILED JAN 7 1946
Registration District No. 2

Primary Registration District No. 3052

Registrar's No. 362

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: BATHWELL HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Mo. (Specify whether
In this community 30 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County PETTIS

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

(d) Street No. RFD # 4
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ROY JOHN HAUSAM

3. (b) If veteran, name war

3. (c) Social Security No. 491-07-4279

4. Sex MALE | 5. Color or race WHITE | 6. (a) Single, widowed, married, divorced MAR. 1

6. (b) Name of husband or wife ROSE

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased JULY (Month) 18 (Day) 1884 (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 23
year 1945 hour 12 minute 45 A M.

21. I hereby certify that I attended the deceased from 6-3, 1941, to 12-23, 1945; that I last saw him alive on 12-22-, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	
Due to: Nephrosclerosis	
Due to:	
Other conditions: Chronic myocarditis. (Include pregnancy within 3 months of death)	

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations
Of autopsy 1310

8. AGE: Years 61 | Months 5 | Days 5 | If less than one day hr. min.

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

10. Usual occupation MIDWEST AUTO STORES

11. Industry or business AUTO ACCESSORIES

FATHER
12. Name JOHN HAUSAM
13. Birthplace KEOKUK (City, town, or county) IOWA (State or foreign country)

MOTHER
14. Maiden name ELIZABETH FRECH
15. Birthplace N.Y. CITY (City, town, or county) N.Y. (State or foreign country)

16. (a) Informant MRS. R.J. HAUSAM
(b) Address SEDALIA RFD # 4

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-26-45 (Month) (Day) (Year)
(c) Place: burial or cremation MEM. PARK

18. (a) Signature of funeral director Leo Dillard
(b) Address Sedalia

19. (a) 12/26/45 (Date received by registrar) (b) C.J. Campbell (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? (Specify type of place)
While at work? (e) Means of injury

Signature J.M. Rodeman (M. D. or other) MD
Address Sedalia Mo Date signed 12-25-45

(Licensed Embalmer's Statement on Reverse Side)

486

RECEIVED

District Health Officer No. 8,

District File Number ______

Date Filed 1-8-46

MAR 18 1946

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 Dillard

Licensed Embalmer No. 3868

P. O. Address Sedalia

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.