

FILED MAY 16 1946
Registration District No. **274**

Primary Registration District No. **3052**

Registrar's No. **109**

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:
826 West 6th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 56 years
years, months or days)

3. (a) PRINT FULL NAME Edwin Fremont Hausam

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Hausam 6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased December 20 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 3 18 _____ hr. _____ min.

9. Birthplace St. Charles Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Telegraphic Circuit

11. Industry or business Manager of M. K. & T. Railroad

MOTHER FATHER { 12. Name Dr. John Hausam
13. Birthplace Bavaria (City, town, or county) (State or foreign country)
14. Maiden name Mary Mertesheimer
15. Birthplace Bavaria (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. F. Hausam
(b) Address 826 W. 6th, Sedalia, Missouri

17. (a) Burial (b) Date thereof April 10, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia, Missouri

19. (a) 4-9-46 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

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. 826 West 6th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8th
year 1946 hour 8.05 minute P M.

21. I hereby certify that I attended the deceased from over 15
years, 19____, to April 8th, 1946;
that I last saw him alive on April 8th, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chronic myocardiopathy
Due to arteriosclerosis
Due to arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)
none

Major findings:
Of operations none
Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none
(b) Date of occurrence _____
(c) Where did injury occur? none
(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)
(c) Means of injury ①
23. Signature John B. Carver M.D. (M. D. or other)
Address Sedalia Mo. Date signed 4-9-46

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-14-46

AUG 15 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.....

W. P. M. Crary

Licensed Embalmer No.....

3153

P. O. Address.....

Sedalia, 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.