. S. No. 2
0M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 20 1947

Registration District No. 323

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7522

Primary Registration District No. 4-4-74-6091

Registrar's No. 8

1. PLACE OF DEATH:

(a) County SALINE

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 35 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County SALINE 97

(c) City or town Emma RURAL 0
(If outside city or town limits, write "RURAL")

(d) Street No. 1 Mi SOUTH EMMA, MO 0
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME HENRY HAUSCHILD

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife ANNA HAUSCHILD

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased MAY (Month) 14 (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
71	8	18	hr. min.

9. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name HENRY HAUSCHILD
13. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name META STEFFENS
15. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

16. (a) Informant MRS ANNA HAUSCHILD

(b) Address EMMA, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB (Month) 5 (Day) 1947 (Year)

(c) Place: burial or cremation HOLY CROSS CEMETERY

18. (a) Signature of funeral director E. S. JAMES

(b) Address CONCORDIA, MO

19. (a) Feb 3rd/1947 (Date received local registrar) (b) Dolly Andrew (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month FEB day 2
year 1947 hour minute M.

21. I hereby certify that I attended the deceased from Jan. 28, 1947 to Feb. 2nd, 1947 that I last saw him alive on Jan. 28, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Pyloric end of stomach	1 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

#6 B

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 0

23. Signature J. F. Freund M.D. (M.D. or other)

Address Emma Mo Date signed 2/3/47

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-17-47

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 me, Registered Apprentice No., working under my personal supervision.

Signed E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia, 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.