-1/47
5-17-39

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

FEDERAL SAFETY AGENCY
National Office of Vital Statistics

FILED AUG 19 1947

Registration District No. 186

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 28096

Registrar's No.

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 404 No. Washington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community entire life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Joplin
(If outside city or town limits, write "RURAL")
(d) Street No.: 404 No. Washington
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: George R. Hauser
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex: M.
5. Color or race: W.
6. (a) Single, widowed, married, divorced: M.
6. (b) Name of husband or wife: Lula
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: November 2, 1898 (Month) (Day) (Year)

8. AGE: Years 48 | Months 8 | Days 0 | If less than one day hr. min.

9. Birthplace: Joplin, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Miner & Painter
11. Industry or business

MOTHER
12. Name: George Hauser
13. Birthplace: ------Iowa (City, town, or county) (State or foreign country)

FATHER
14. Maiden name: Della Hightower
15. Birthplace: ------Kansas (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Lula Hauser
(b) Address: 404 No. Washington, Joplin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-5-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Park
18. (a) Signature of funeral director: Parker-Hunsaker
(b) Address: 1502 Joplin, Joplin, Mo.
19. (a) 7-7-47 (Date received local registrar) (b) Dolores Lampkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2 year 1947 hour 7:15 A. M.
21. I hereby certify that I attended the deceased from ..., 19..., that I last saw him alive on ..., 19..., and that death occurred on the date and hour stated above.

Did not attend

	Duration
Immediate cause of death: Coronary Occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 9 yr	
Of autopsy	

PHYSICIAN — Underline the cause of 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 (M. D. or other) H. H. Hackett M. D.
Address 3 14 Joplin Date signed 7/2/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-8-630

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.