

No. 2  
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5-17-39  
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THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State No. 44436

FILED JAN 16 1948

Registration District No. 171

Primary Registration District No. 4265

Registrar's No. 37

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

1. PLACE OF DEATH:

(a) County Lafayette

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

(c) Name of hospital or institution: /

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

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 32 years  
years, months or days

3. (a) PRINT FULL NAME Jacob Hauck

3. (b) If veteran, name war no

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race Wht

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

6. (b) Name of husband or wife Emma

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

7. Birth date of deceased Mar. 27 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

82 8 24 hr. min.

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

10. Usual occupation Minister

11. Industry or business Minister

MOTHER FATHER { 12. Name Jacob Hauck

13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant John Hauck

(b) Address Napoleon, Missouri

17. (a) Burial (b) Date thereof 12/24/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Napoleon, Mo

18. (a) Signature of funeral director Alan Fried Hunt

(b) Address Wellington, Mo

19. (a) 12-24-47 (b) Letta Drummond  
(Date received local registrar) (Registrar's signature) 153

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 54

(c) City or town Napoleon 33  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21  
year 1947 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Nov 18th  
1947 to Dec 20th 1947  
that I last saw her alive on Dec 15th 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular insufficiency Duration \_\_\_\_\_

Due to arteriosclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 92P

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 0

23. Signature R. B. Watts M.D. (M. D. or other) XXXXXX  
Address Wellington, Missouri Date signed Dec 22/47

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 1-15-48

DEPT. OF HEALTH

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. Roy Ewen  
Licensed Embalmer No. 4305

P. O. Address. Wellington, Missouri

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.