

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 28 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

407

State File No. _____

Registration District No. 47

Primary Registration District No. 308

Registrar's No. 15

1. PLACE OF DEATH:
 (a) County Callaway
 (b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Callaway County Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 1/2 months
(Specify whether years, months or days)
 In this community 1 year, 8 months.

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Callaway / 4
 (c) City or town Hatton 0
(If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) 0
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Ada Smith HAUSER

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

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife DK 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: June 17 1855
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>92</u>	<u>6</u>	<u>26</u>	_____ hr. _____ min.

9. Birthplace: Richmond Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business _____

MOTHER { 12. Name Henry Smith
 13. Birthplace DK Virginia
(City, town, or county) (State or foreign country)

FATHER { 14. Maiden name Deborah January
 15. Birthplace Richmond Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. E. Winter

(b) Address Hatton, Missouri

17. (a) removal (b) Date thereof Jan. 14, '48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond, Missouri

18. (a) Signature of funeral director Glen G. Maxey

(b) Address 712 Court St., Fulton, Mo.

19. (a) Jan 15 1948 (b) Josie Mendenhall
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13,
year 1948 hour 3 minute 55 P.M.

21. I hereby certify that I attended the deceased from 11/27, 1947, to 1/13, 1948; that I last saw her alive on 1/13, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: fracture of neck of rt. femur Duration 11/27/47

Due to trauma by fall

Due to 1869/18

Other conditions: gravidized arteriosclerosis years
(Include pregnancy within 3 months of death)

Major findings: fracture of neck of rt. femur 12/4/47
 Of operations _____
 Of autopsy none

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) accident 14

(b) Date of occurrence 1/27/47

(c) Where did injury occur? Callaway, Missouri
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
(Specify type of place)

While at work? no (e) Means of Injury Fall

23. Signature Henry Dunt (M. D. or other) h.f.
Address Fulton, Mo. Date signed 1/15/48

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

Date Filed 1-27-68
District File Number
District Health Officer No. 9,
RECEIVED

MAR 26 1968

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.....

Theodore Skinner, Jr. Registered Apprentice No. 5-5
working under my personal supervision.

Signed Glen Y. Maupin
Licensed Embalmer No. 2725
P. O. Address Fulton, 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 407 Feb.Registrar's No. 11-Registration District No. 47Primary Registration District No. 3008

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton
(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 _____
years, months or days)3. (a) PRINT
FULL NAMEAda S. Hauser3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex F 5. Color or race W 6. (a) Single, widowed, married,
divorced wid6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____7. Birth date of deceased _____
(Month) (Day) (Year)8. AGE: Years 92 Months _____ Days _____ (If less than one day
hr. _____ min. _____)9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Housewife

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Jan 15 49 (b) Josie Morrison
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits, write "RURAL")(d) Street No. _____
(If rural, give location)(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____
year 1948 hour _____ minute _____ M. _____21. I hereby certify that I attended the deceased from _____
to _____, 19____;
that I last saw him/her alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____ Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
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 _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

S-407