

FILED MAR 11 1948

State File No. 5521

Registration District No. 211

Primary Registration District No. 8777

Registrar's No. 3-48

1. PLACE OF DEATH:

(a) County Miller
(b) City or town Tuscumbia
(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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller
(c) City or town Tuscumbia
(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 _____

3. (a) PRINT FULL NAME IDA REBECCA HAUSTEIN

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

4. Sex Female 5. Color or White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Geo. J. Haustein 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan. 24 1865
(Month) (Day) (Year)

8. AGE: Years 83 Months 0 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Miller Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Owner & operator

11. Industry or business General Store

12. Name Stanhope M. Comrades

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

14. Maiden name Jessie A. Youngblood

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

16. (a) Informant Mrs. Dewey Kallenbach

(b) Address Tuscumbia Mo.

17. (a) Burial (b) Date thereof 2-17-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tuscumbia Cemetery

18. (a) Signature of funeral director Phillip General Bank

(b) Address _____ Mo.

19. (a) Feb. 17 - 1948 (b) Mrs. Richard L. Wright
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15
year 1948 hour 1 minute P.M.

21. I hereby certify that I attended the deceased from Dec 27 to Feb 7 1948
that I last saw her alive on February 15 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia
Due to myocarditis
Duration 1 week
10 days

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

Major findings: Of operations _____

Of autopsy _____

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? 2

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature M. E. Humphrey (M. D. or other) D.O.

Address Tuscumbia, Mo. Date signed 2-16-48

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

MOTHER FATHER

66
0
0

RECEIVED
District Health Officer No. 9,
District File Number 3/10/68
Date Filed

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.....

Louis D. Phillips

Registered Apprentice No.

working under my personal supervision.

Signed

Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address E. Adams

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.