

State File No. 17132

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 164

1. PLACE OF DEATH:-

(a) County... Sebelles
(b) City or town... Sebelles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 915 W. 6 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... 55 years
years, months or days)

3. (a) PRINT
FULL NAME

3. (b) If veteran, name war No 3. (c) Social Security No. 491-07-4

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edith Hausman 6. (c) Age of husband or wife is 53 years alive 3 1888

7. Birth date of deceased Feb (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	60	3	29	hr. min.

9. Birthplace Dallas Texas
(City, town, or county) (State or foreign country)

10. Usual occupation. Automotive Parts

11. Industry or business Distributor

(12 Name Edwin Fremont Hansen, Sr.

DATE } Sd Charles me 0

(City, town, or county) (State or foreign country)

14. Maiden name Shirley Ann

15. Birthplace Shanghai, China (City and country) (State or foreign number)

16 (c) Informant Mrs. Edith Hausman - Is

(1) Add: 915 W. 6: Redalia! Mo.

17 (a) Letter (b) Date thereof 6-3-48

(Burial, cremation, or removal) C (Month) (Day) (Year) 7 11 1961

(c) Place: burial or cremation Rowan Hill

18. (a) Signature of funeral director Raymond L. Orr

(b) Address Bedford Ohio

19. (a) 6-3-78 (b) Betty Yeager

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 86
(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")
(d) Street No. 915 W. 6 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) C
If yes, name country No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
 95- year 1948 hour 1:30 minute A M

21. I hereby certify that I attended the deceased from 6-2, 1948, to June 2, 1948,
that I last saw him alive on June 2, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death	<i>Coronary thrombosis</i>	Duraisson
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Due to Coronary sclerosis

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

Major findings:
Of operations

Of autopsy _____ which death should be

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?.....

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

.....

While at work? _____ (Specify type of place) _____
(c) Means of injury 2 _____

03/11/19

1000

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 6-8-48

AUG 22 1950

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

KPM Lrary

Licensed Embalmer No.

3153

P. O. Address

Edalia 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.