

FILED OCT 14 1948

Registration District No. 25

Primary Registration District No. 5250

State File No. _____

Registrar's No. 78

1. PLACE OF DEATH:

(a) County Chariton

(b) City or town Rural Brunswick
(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

3. (a) PRINT FULL NAME Caroline Hauswirth

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Jacob Hauswirth

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

7. Birth date of deceased August 11 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>24</u>		hr. _____ min.

9. Birthplace Mascoutah Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Geo. Frieze

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

14. Maiden name Elizabeth Funk

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

16. (a) Informant My Romeo Hauswirth

(b) Address Dalton mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/8/48
(Month) (Day) (Year)

(c) Place: burial or cremation Dalton mo

18. (a) Signature of funeral director John Meyer

(b) Address Brunswick mo

19. (a) Sept 7 48 (Date received local registrar) (b) Mildred Boone (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton

(c) City or town Rural
(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 Sept day 5
year 1948 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from August 27 1948 to September 5 1948
that I last saw her alive on September 5 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Soban pneumonia

Due to Ch. endocarditis

Due to _____

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

Major findings: 106

Of operations _____

Of autopsy _____

Duration 2 days

Dark lungs

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 Carl O. Meyer (M. D. ~~number~~)
Address Keplerville Mo Date signed 9/7/48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 10-13-48

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 _____

Licensed Embalmer No. 3970

P. O. Address Mendon MA

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.