

No. 2
5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32922

FILED NOV 6 1948
Registration District No. 149

Primary Registration District No. 1002

State File No. _____
Registrar's No. 4300

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: 4435 Harrison 3
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: _____
(If not in hospital or institution, write street number or location)

In this community Dead On Arrival
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Glenn Farley Hauber

3. (b) If veteran, name war. no

3. (c) Social Security No. none

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Martin J. Hauber

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased December, 13, 1880
(Month) (Day) (Year)

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

67 08 10 6 hr. min. 0

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

10. Usual occupation House Wife

11. Industry or business _____

12. Name no record 9

13. Birthplace no record 9
(City, town, or county) (State or foreign country)

14. Maiden name Lurina Ann Parker 9

15. Birthplace no record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Martin J. Hauber

(b) Address Mountain Home Arkansas

17. (a) Burial (b) Date thereof Oct 23 '48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address 918 Brooklyn

19. (a) 10-22-48 (b) Staldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County 999

(c) City or town Mountain Home
(If outside city or town limits, write "RURAL") 0

(d) Street No. Rural 2
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19
year 1948 hour 9 minute 30-P. M.

21. I hereby certify that I attended the deceased from Broner, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to ruptured appendix

Due to _____

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

Major findings:
Of operations 121

Of autopsy as above

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)

Means of injury 3

23. Signature James C. Walker _____ (M. Doctor other) Walker

Address 1424 1/2 W. 11th Date signed 10-20-48

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.....

P. O. Address.....

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.