

0. 2  
2-45  
7-39  
X47070

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37138**

FILED NOV 23 1948

Registration District No. **155** Primary Registration District No. **5579** Registrar's No. **164**

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

**1. PLACE OF DEATH:**

(a) County Jasper

(b) City or town Marion  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jasper Co. T. B. Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 months  
(Specify whether years, months or days)

In this community All of Life  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** Elmer Clow Hausen

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

**4. Sex** male **5. Color or race** white

**6. (a) Single, widowed, married, divorced** Divorced

**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years

**7. Birth date of deceased** June 4<sup>th</sup> 1902  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
46	5	4	hr. min.

**9. Birthplace** Joplin (Clitwood) Missouri  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Labour

**MOTHER FATHER**

**11. Industry or business** \_\_\_\_\_

**12. Name** George Hausen

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

**14. Maiden name** Delia Hightower

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

**16. (a) Informant** Mrs. W.C. Higgins

**(b) Address** 305 N. Washington Joplin Mo.

**17. (a) Burial** **(b) Date thereof** Nov 12 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Forest Park Cemetery Thornhill - Dillon

**18. (a) Signature of funeral director** \_\_\_\_\_

**(b) Address** 305 West 4th St. Joplin Mo.

**19. (a) NOV 15 1948 (b)** E. Clow  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jasper **49**

(c) City or town Joplin **2**  
(If outside city or town limits, write "RURAL")

(d) Street No. 303 N. Washington **5**  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) **1**  
If yes, name country

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Nov day 9  
year 1948 hour 7 minute 20 P. M.

**21. I hereby certify that I attended the deceased from** May 4 1948 to Nov 9 1948  
that I last saw him alive on Nov 8 1948  
and that death occurred on the date and hour stated above.

**Immediate cause of death** Pulmonary Tuberculosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

**Other conditions** \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**Major findings:** 13P

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**Duration** \_\_\_\_\_

**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** 0

**23. Signature** June E. Douglas **(M. D. or other)** \_\_\_\_\_

**Address** Wash City Mo **Date signed** 11/10/48

**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 *Elmer M. Denny*.....

Licensed Embalmer No. *3566*.....

P. O. Address *Doplin, 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.**