

FILED FEB 14 1944

Registration District No. 129

Primary Registration District No. 5534

Registrar's No. 7

1. PLACE OF DEATH:
 (a) County Holt
 (b) City or town Forest City Rural - Forest Twp
(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 32 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Holt
 (c) City or town Forest City 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.....

3. (a) PRINT FULL NAME Jacob Early Hauser
 3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month January day 4
 year 1944 hour 5 minute 15 AM.
 21. I hereby certify that I attended the deceased from Dec. 1, 43
 19....., to Dec 25, 19.43;

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mary Emma Hauser 6. (c) Age of husband or wife if alive 74 years
 7. Birth date of deceased July 14 186y
(Month) (Day) (Year)

that I last saw him alive on Dec 25, 43, 19.....; and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 7 Days 20 If less than one day
 hr. min.

Immediate cause of death BRONCHIAL PNEUMONIA Duration 5 days

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

Due to INFLUENZA 3 wks.

10. Usual occupation Farmer

Due to ASTHMA {CARDIAC BRONCHIAL} 10 yrs.

11. Industry or business.....

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

12. Name Frank X. Hauser

Major findings: Of operations..... 33a

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

Of autopsy.....

14. Maiden name Unknown

Underline the cause to which death should be charged statistically.

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

22. If death was due to external causes, fill in the following:

16. (a) Informant U. P. Hauser
 (b) Address Oregon, Missouri

(a) Accident, suicide, or homicide (specify).....
 (b) Date of occurrence.....

17. (a) Burial (b) Date thereof Jan 6 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(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?

(c) Place: burial or cremation FOREST CITY MO

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

18. (a) Signature of funeral director James M. Pitty

23. Signature Howard E. Collins (M. D. or other) D.O.
 Address Forest City Mo. Date signed Jan 6, 43

(b) Address Oregon Mo
 19. (a) 1-6-44
(Date received local registrar) (Registrar's signature)

1185

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

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.....

James W. Pettijohn
Licensed Embalmer No. *3192*
P. O. Address..... *Oregon 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.