

FILED JAN 19 1948

Registration District No. 185

Primary Registration District No. 5691

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Rural Jefferson
(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 all his life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn
(c) City or town Rural Jefferson
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM WASHINGTON AUSMUS

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 Married
6. (b) Name of husband or wife wife 6. (c) Age of husband or wife if deceased alive _____ years
7. Birth date of deceased June 24, 1866 (Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | <u>81</u> | <u>6</u> | <u>6</u> | hr. _____ min. |

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

10. Usual occupation Farming

11. Industry or business On his farm

12. Name Samuel Ausmus
13. Birthplace Brown Co. Missouri
14. Maiden name Elizabeth Patterson
15. Birthplace Brown Co. Missouri

16. (a) Informant Missus W. Windsor
(b) Address 3432 W. Adams Chicago

17. (a) Burial (b) Date thereof Jan. 2, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lalude, Mo. Cem

18. (a) Signature of funeral director W. J. Thorne
(b) Address Lalude, Missouri

19. (a) Jan 2-1948 (b) Chris A. Martens
(Date received local registrar) (Registrar's signature) (Date)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30 year 1947 hour 8 minute P M.
21. I hereby certify that I attended the deceased from Jan 1947, to Dec 30 1947.
that I last saw him alive on Dec 30 1947.
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Nephritis
cardial Hypertension

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations BIB
Of autopsy _____

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 2

23. Signature H. H. Palmer (M. D. or other) MD
Address Brookfield, Mo. Date signed 1-2-48

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

1000 2 1 5441

DISTRICT HEALTH OFFICE
Cameron, Mo.

Handwritten notes, possibly "Cameron Health Office"

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed W. J. Thorne

Licensed Embalmer No. 2876

P. O. Address LaClade, 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.