

40962

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED DEC 16 1944

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Cole Co
 (b) City or town Marion, Mo. Marion
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Marion Mo.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community Life (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Henry Baushausen

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Ellen Baushausen 6. (c) Age of husband or wife if alive 75 years
 7. Birth date of deceased April 13 1855
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 8 24 hr. min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business.....

12. Name Christian Baushausen
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Ellen Baushausen
 (b) Address Marion, Mo.
 17. (a) Burial (b) Date thereof Jan. 8. 44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Marion Cemt

18. (a) Signature of funeral director Bowlin Funeral Home
California, Mo.
 (b) Address 2/1/44
 19. (a) J. J. Withers (b) J. J. Withers
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6
 year 1944 hour 8/15 minute A M.

21. I hereby certify that I attended the deceased from Jan 3
1944 to Jan 6 1944

that I last saw him alive on Jan 3 1944
 and that death occurred on the date and hour stated above:

Immediate cause of death Cerebral Hemorrhage
7/4/44

Due to.....

Due to.....

Other conditions
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations.....

Of autopsy.....

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged sta-
 tistically.

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 A. L. Meredith (M. D. or other) Yes
 Address Frank House Date signed 1-7-44
mo

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 7 1949

RECEIVED

District Health Officer No. 9.

District File Number.....

Date Filed 12-15-44

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.

Not Embalmed
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.