

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

16101
 Do not use this space.

REC'D MAY 25 1938

1. PLACE OF DEATH

(a) County Person Registration District No. 895
 (b) Township Washington Primary Registration District No. 6162
 (c) City (d) Street No.
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. 16 da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. State Hospital #23 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 26 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elsie Houtz

22. I HEREBY CERTIFY, That I attended deceased from Apr. 10, 1938, to Apr. 26, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15, 1873

I last saw him alive on Apr. 10, 1938. Death is said to have occurred on the date stated above, at 7:30 a.m.

7. AGE YEARS 65 MONTHS 2 DAYS 8 If LESS than 1 day, hrs. or min.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis Date of onset ?

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. millwright
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Other contributory causes of importance: g.c.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

13. NAME Chas Houtz

Name of operation none Date of
 What test confirmed diagnosis? Clinical Was there an autopsy? no

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Mary Turner

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Mrs. Helen Bell (ADDRESS) Springfield, Mo.

Manner of injury
 Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE April 26 DATE April 26 1938

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify

19. FUNERAL DIRECTOR P.E. Phurman & Co. (ADDRESS) Republic, Mo.

(Signed) J. J. O'Neil M. D.
Verada, Mo.

20. FILED Apr. 26 1938 Allen V. Hays Local Registrar. 795

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Cause of death should be stated EXACTLY. PHYSICIANS should state name of operation should be carefully supplied. AGE should be stated EXACTLY.

STATEMENT BY LICENSED EMBALMER

I, Allen V. Keays, Licensed Embalmer No. 1968

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Allen V. Keays

Licensed Embalmer No. 1968

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)