

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

10185

Do not use this space.

REC'D APR 10 1939

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343

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 1001
 (b) Township Washington Primary Registration District No. 1001 Registered No. 343
 (c) City St. Joseph, (d) Street No. 1118 East Isadore, St. Mo.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 10 yrs. 6 mos. 0 da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

240 Laura E. Housel,
 (a) Residence, No. 1118 East Isadore, 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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David Housel
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29, 1854
 7. AGE YEARS 84 MONTHS 9 DAYS 1 If LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 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

12. BIRTHPLACE (CITY OR TOWN) Platte County, Missouri
 (STATE OR COUNTRY)

FATHER 13. NAME Marion Dick
 14. BIRTHPLACE (CITY OR TOWN) Unknown, Kentucky
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Margaret Wilson
 16. BIRTHPLACE (CITY OR TOWN) Unknown, Kentucky
 (STATE OR COUNTRY)

17. INFORMANT Mrs. Lois Morgan
 (ADDRESS) 1118 East Isadore Str.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maryville, Mo. DATE April 1st, 1939

19. FUNERAL DIRECTOR (NAME) Heater B. Baker
 (ADDRESS) 319 So. 10th. Str. Funeral Home

20. FILED 3/30 1939 A. J. Hester
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1939, to March 30, 1939
 I last saw her alive on 3/27, 1939. Death is said to have occurred on the date stated above, at 3:30 a.m.
 The principal cause of death and related causes of importance were as follows:

myocardial Insufficiency Date of onset 3/1/39

Other contributory causes of importance: Senility

Name of operation none Date of
 What test confirmed diagnosis? clinical Was there an autopsy? No

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.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____ (Signed) Lawrence J. Popenthal, M. D.
 _____ (Address) Central Bldg St. Joseph Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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, Mar 30, 193

or by a

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

Signed W. E. Summerzeel

Licensed Embalmer No. 3007

P. O. Address 319 So. 10th St. Joseph

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, above space should be left blank.