S. No. 2
—11-10-39
5-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17964

Registration District No. 85 — JUN 22 1940

Primary Registration District No. 1001

Registrar's No. 633

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 123 Fulkerson St. (If not in hospital or institution, write street number or location) 2

(d) Length of stay: In hospital or institution (Specify whether

In this community 25 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph (If outside city or town limits write "RURAL") 0

(d) Street No. 123 Fulkerson St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Thomas Houser 260

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mattie Houser

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Sept (Month) 2 (Day) 1875 (Year)

8. AGE: Years 64 Months 9 Days 4 If less than one day hr. min.

9. Birthplace Weston (City, town, or county) Missouri (State or foreign country) 6

10. Usual occupation Clerk, Retired

11. Industry or business Belt Railroad 1

FATHER
12. Name Nem Houser 0
13. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Mary E. Blanton
15. Birthplace Weston (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Mattie Houser

(b) Address 123 Fulkerson

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (Month) / 8 (Day) / 40 (Year)

(c) Place: burial or cremation Pleasant Ridge, Weston Mo.

18. (a) Signature of funeral director Clark Mortuary

(b) Address 5025 King Hill Ave. St. Joseph, Mo. 85

19. (a) 6-8-1940 (Date received local registrar) (b) H. J. Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6 year 1940 hour 6:50 minute A M.

21. I hereby certify that I attended the deceased from June 3, 1940, to June 6, 1940; that I last saw him alive on June 5, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage (Rt)	60 hrs
Due to Arteriosclerosis	
Due to Diabetes Mellitus	4 years
Other conditions (Include pregnancy within 3 months of death)	

54

Major findings: Of operations none

Of autopsy no

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

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature C. S. Grant M.D. (M.D. or other) M.D.

Address St. Joseph, Mo. Date signed 6/6/40

(Licensed Embalmer's Statement on Reverse Side)

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, ~~and~~ by June 6, 1940

....., Registered Apprentice No.....

working under my personal supervision.

Signed Earl A. Clark

Licensed Embalmer No. 3476

P. O. Address St. Joseph, 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, above space should be left blank.