No. 2
11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 25 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36629

Registration District No. 875 Primary Registration District No. 6162 Registrar's No. 260

1. PLACE OF DEATH:
(a) County VERNON
(b) City or town NEVADA (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: STATE HOSPITAL No 3 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 (Specify whether years, months or days)
In this community 9 years 10 mo 19 days

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County PETTIS
(c) City or town SEDALIA (If outside city or town limits, write "RURAL")
(d) Street No. 1101 EAST 5th St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? U. S. A. years.

3. (a) PRINT FULL NAME LILA PEARL HOUCHENS
3. (b) If veteran, name war No
3. (c) Social Security No. NONE
4. Sex female
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife J W HOUCHENS
6. (c) Age of husband or wife if alive DECEASED years
7. Birth date of deceased MAY (Month) 15 (Day) 1875 (Year)
8. AGE: Years 65 Months 5 Days 7 If less than one day hr. min.
9. Birthplace MORGAN, CO. (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business NONE
12. Name JOHN F GOODMAN (Father)
13. Birthplace COOPER, Co. (City, town, or county) Mo. (State or foreign country)
14. Maiden name HANNAH CASDORPH (Mother)
15. Birthplace UNKNOWN (City, town, or county) UNKNOWN (State or foreign country)
16. (a) Informant RECORDS STATE HOSP #3
(b) Address NEVADA, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/23/40 (Month) (Day) (Year)
(c) Place: burial or cremation Sedalia Mo
18. (a) Signature of funeral director [illegible]
(b) Address Nevada Mo
19. (a) 10-23-40 (Date received local registrar) (b) Allen V. Hays (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22 year 1940 hour 10:30 minute P M.
21. I hereby certify that I attended the deceased from Oct, 1939, to Oct 22, 1940; that I last saw her alive on Oct 22, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
CHRONIC MYOCARDITIS
AND MYOCARDIAL DEGENERATION
Due to RHEUMATISM
Due to
Other conditions VARICOSITIES
(Include pregnancy within 3 months of death)
ARTHRITIS - DIMENTIA PRECOX
Major findings:
Of operations none
Of autopsy none

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

22. If death was due to external causes, fill in the following: no
(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 Paul L. Barone (M. D. or other) MD
Address State Hosp No 3 Date signed Oct 22 1940

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 10-40-1527
Date Filed 11-4-40

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.

Signed Mark E. Eichinger

Licensed Embalmer No. 2656

P. O. Address Nevada, Mo

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

If this body is not embalmed, above space should be left blank.