Wray
V. S. No. 2
M—11-10-39
ev. 5-17-39
I X21492

FILED DEC 11 1940

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39984

Registration District No. 870 Primary Registration District No. 5424- Registrar's No.

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

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution: ✓ (If not in hospital or institution, write street number or location)

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

In this community Entire lifetime 2 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon

(c) City or town Deerfield (If outside city or town limits write "RURAL")

(d) Street No. No Number (If rural, give location)

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

3. (a) PRINT FULL NAME William R. Houk

3. (b) If veteran, name war No

3. (c) Social Security No. 702-10-2447

4. Sex M.

5. Color or race Cu.

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

6. (b) Name of husband or wife Mollie F. Houk

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Jan (Month) 5 (Day) 1878 (Year)

8. AGE: Years 62 Months 9 Days 27 If less than one day ___ hr. ___ min.

9. Birthplace Unknown (City, town, or county) Illinois (State or foreign country)

10. Usual occupation R. R. Section Hand.

11. Industry or business Maintaining R. R. Right of Way

FATHER
12. Name William Houk
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Sarah Catherine Zimerman
15. Birthplace Unknown (City, town, or county) Iowa (State or foreign country)

16. (a) Informant Mrs. Mollie F. Houk

(b) Address Deerfield Mo.

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

(c) Place: burial or cremation Deerfield Cem

18. (a) Signature of funeral director Hays Funeral Service

(b) Address Nevada Mo.

19. (a) Dec 1 1940 (Date received local registrar) (b) Mrs. N. B. Prunn (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 1 year 1940 hour 9 A.M. minute ___ M.

21. I hereby certify that I attended the deceased from Feb 2, 1940 Nov 1, 1940, 19__; that I last saw him alive on April 27, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary thrombosis (Sudden death) (Diagnosis from history of case)

Due to Chr. Myocarditis & extensive arteriosclerosis.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy none

Duration

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)

Whilst at work? (e) Means of injury

23. Signature R. B. Wray M.D. (M. D. or other) 1

Address Nevada Mo Date signed 11-1-40

(Licensed Embalmer's Statement on Reverse Side)

JUN 26 1941

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 Allen V Hays

Licensed Embalmer No. 1968

P. O. Address Nevada 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.