

Registration District No. 903

Primary Registration District No. 4545

Registrar's No.

1. PLACE OF DEATH:

(a) County Worth
(b) City or town Grant City
(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 _____ years, months or days 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Worth
(c) City or town Grant City
(If outside city or town limit: write "RURAL")
(d) Street No. 0 (If rural, give location) L
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Florence Emogene Houser

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife F.P. Houser 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 3 1854
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>6</u>	<u>3</u>	hr. _____ min.

9. Birthplace Greenville Penn.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business 1

MOTHER FATHER { 12. Name Sidney Speit

18. Birthplace Penn.
(City, town, or county) (State or foreign country)

14. Maiden name Sarah J. Davis

15. Birthplace Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mayme Edlund
(b) Address Grant City, Mo.

17. (a) _____ (b) Date thereof 12-27-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grant City Cemetery

18. (a) Signature of general director Arch E. Duffell
(b) Address Grant City, Mo.

19. (a) Jan. 1, 1941 (b) Clifford Foss
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 25
year 1940 hour 3:45 P.M.

21. I hereby certify that I attended the deceased from June 37, 1937, to 12-25, 1940
that I last saw her alive on 12-25, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration heart. 270

Due to 1

Due to 97W

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) W

(b) Date of occurrence 12-27-40

(c) Where did injury occur? 1
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 1

968 While at work? 1 (Specify type of place) (e) Means of injury 1

23. Signature Dr. Ross M.D. (M.D. or other) 1

Address Grant City Date signed 12-27-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

13
20

FILED JAN 22 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.....

Arch C Duffee

Licensed Embalmer No. *3252*

P. O. Address *Grant City, 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.