

No. 2
-13-40
17-39
X231597

MAR 14 1941 399
Registration District No. _____

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
7345 Askew Avenue
(If not in hospital or institution, write street number or location)

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

In this community 30 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **48**

(c) City or town Kansas City **3**
(If outside city or town limits, write "RURAL.") **8**

(d) Street No. 7345 Askew Avenue
(If rural, give location) **0**

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

3. (a) PRINT FULL NAME Mr. Albert B. Houser

3. (b) If veteran, name war No

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 Mrs. Ida Houser 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased March 20 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>10</u>	<u>25</u>	hr. _____ min. _____

9. Birthplace Stanton Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Contractor

11. Industry or business Painting and Decorating

12. Name S. T. Houser

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

14. Maiden name Sarah Minerva McKoon

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

16. (a) Informant A. B. Houser

(b) Address 2123 E 70th

17. (a) Burial (b) Date thereof Feb. 16, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or crematory Stanton, Kansas

18. (a) Signature of funeral director W. H. Newcomer Lou

(b) Address 1401 Brush Creek Blvd.

19. (a) 2/16/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14th
year 1941 hour 10 minute 53 P. A. M.

21. I hereby certify that I attended the deceased from Feb 5, 1941, to Feb. 14, 1941;
that I last saw him alive on Feb. 13-41, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Septic Hemorrhage of lungs
chronic nephritis

Due to 131

Due to 1318

Other conditions 1318
(Include pregnancy within 3 months of death)

Major findings: None

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 0

23. Signature W. H. Newcomer (M. D. or other) _____
Address PO - Park Date signed 2/15/41

9-2
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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; or by.....

..... Registered Apprentice No.

working under my personal supervision.

Signed Ernie M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K E M

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, fact should be so stated above.