S. No. 2
—1-4-41
5-17-39
PI X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 24 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28025

Registration District No. 190 | Primary Registration District No. 5264 | Registrar's No. 19

1. PLACE OF DEATH:

(a) County Clark

(b) City or town Kinsler Medill Tp (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 4 yrs. 1 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clark

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

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Elizabeth Houk

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 Chas Houk

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

7. Birth date of deceased Jan. 19 (Month) 1855 (Day) (Year)

8. AGE: Years 85 ~~86~~ Months ~~5~~ 9 Days 5 If less than one day hr. min.

9. Birthplace Unionville (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business

FATHER
12. Name Chas Morgan
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Jess Houk

(b) Address Kahoka Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 7-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Unionville Mo.

18. (a) Signature of funeral director Gettings Und.

(b) Address Kahoka Mo.

19. (a) 8-7-41 (Date received local registrar) (b) J R Bridges (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 6 year 1941 hour 4-30 minute a M.

21. I hereby certify that I attended the deceased from ~~Dec~~ Jan. 1, 1941 to Aug 6, 1941 that I last saw her alive on Aug 5, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death dilitation of Heart

Due to Interstitial nephritis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

131 B

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 Perry S. Borton (~~Mr. Dr.~~ or other) Do

Address Kahoka, Mo. Date signed 8-6-41

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED.
District Health Officer No. 10
District File Number 9-41-1728
Date Filed SEP 18 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 ..... Aug. 6-1941 ....., Registered Apprentice No. ..... working under my personal supervision.

Signed Otis L. Sutterer

Licensed Embalmer No. 2965

P. O. Address Luray Mo.

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

If this body is not embalmed, fact should be so stated above.

U. S. No. 2B
M—8-21-41
D I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28025

Registration District No. 190 Primary Registration District No. 5264 Registrar's No. 19

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

1. PLACE OF DEATH:
(a) County: Clark
(b) City or town: Lincoln Tp.
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Elizabeth Hauk
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: wid
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)

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

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name unknown
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 10-7-1941 (Date received local registrar) (b) J R Bridgeo (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day year 1941 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: 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

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY