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7-39  
K21492

FILED SEP 11 1941

State File No. \_\_\_\_\_

Registration District No. 215

Primary Registration District No. 5295

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Liberty Township Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Highway #50 East  
(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. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County S. Louis City  
(c) City or town St. Louis City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5723 Etzel Avenue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17  
year 1941 hour 9:30 minute 0 M.

21. I hereby certify that I attended the deceased from morning to \_\_\_\_\_, 19\_\_\_\_

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

auto wreck  
Internal injuries  
Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

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) Felony

(b) Date of occurrence Aug 17 1941

42 Where did injury occur? off city Cole Mo  
(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 Edw Maurer (M. D. or other) \_\_\_\_\_

Address Superior St St. Louis Date signed \_\_\_\_\_

3. (a) PRINT FULL NAME Martha Jane Hounson

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife John C. Hounson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 29 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 3 19 hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Ellis Minear

13. Birthplace Not Known  
(City, town, or county) (State or foreign country)

14. Maiden name Carmen Alexander

15. Birthplace Not Known  
(City, town, or county) (State or foreign country)

16. (a) Informant Glenwood, Missouri

(b) Address Glenwood, Missouri

17. (a) Burial (b) Date thereof Aug-20-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lancaster, Missouri

18. (a) Signature of funeral director Norma Richter

(b) Address Lancaster, Missouri

19. (a) 8-18-41 (b) Martha J. Hounson  
(Date received local registrar) (Registrar's signature)

Norma Richter (Licensed Embalmer's Statement (or Reverse Side))

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

**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.....

.....  
working under my personal supervision.

..... Registered Apprentice No.....

Signed

*Thos. J. Lamm*

..... Licensed Embalmer No. *1286*

..... P. O. Address *Jefferson City Mo*

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

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