

DEC 12 1941

Registration District No. 320

Primary Registration District No. 5422

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Harrison
 (b) City or town Martinsville Rural Dallas
 (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 life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison
 (c) City or town Martinsville Rural
 (d) Street No. Two mile north one mile of Martinsville
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME INDIANNA JANE VANHOUTAN

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 Widowed

6. (b) Name of husband or wife John Vanhoutan deceased 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Apr 13 1869 (Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 15 If less than one day hr. _____ min. _____

9. Birthplace Harrison co MO (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
 12. Name Henry Mathuse
 13. Birthplace Inda (City, town, or county) (State or foreign country)
 14. Maiden name Mary Taylor
 15. Birthplace MO (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Robert Vanhoutan

(b) Address New Hampton MO

17. (a) Burial (b) Date thereof Nov 26 1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kidwell cemetery

18. (a) Signature of funeral director W. H. Noble

(b) Address New Hampton MO

19. (a) Nov 27 (b) J. J. Sullivan (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24 year 1941 hour 2 minute 10 P.M.

21. I hereby certify that I attended the deceased from Nov 18, 1941, to Nov 26, 1941; that I last saw her alive on Nov 26, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Heart Disease

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 932

Major findings: Of operations _____

Of autopsy _____

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 J. J. Sullivan (M.D. or other) _____

Address New Hampton Date signed Nov 26

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

W. G. Noble

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

working under my personal supervision.

Signed *W. G. Noble*.....

Licensed Embalmer No. *2904*.....

P. O. Address *New Hampton, Md.*.....

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.