

FILED DEC 8 1948

State File No. _____

Registration District No. _____

Primary Registration District No. 3033

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pike Mo
 (b) City or town Louisiana Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Pike County Hospital
 (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 Mo (b) County Pike
 (c) City or town Louisiana Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. Rural 0
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 3
 year 1941 hour 6 minute 07 A.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.

Immediate cause of death accident Duration _____

By gun wound
 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 8/2
 (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 W.A. Smith _____
 Address Louisiana Mo _____ Date signed 11/3/41

3. (a) PRINT FULL NAME James Edward House

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

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

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

7. Birth date of deceased Apr 19 1928
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
13 6 14 hr. _____ min.

9. Birthplace Riversland Pike Co Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation School child

11. Industry or business

12. Name Edward L House

13. Birthplace Ashburn Mo
 (City, town, or county) (State or foreign country)

14. Maiden name Etha Belle House

15. Birthplace R.F.D. Louisiana Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant Ed L House

(b) Address Ashburn Mo

17. (a) Burial (b) Date thereof 11/5/41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lawrence Pike Co Mo

18. (a) Signature of funeral director J. K. H. H.

(b) Address Louisiana Mo

19. (a) 4/3/41 (b) J. K. H. H.
 (Date received local registrar) (Registrar's signature)

RECEIVED
DISTRICT HEALTH OFFICER
NO. 10
DEC 3 1941

RECEIVED

District Health Officer No. 10

District File Number 12-41-2133

Date Filed DEC 3 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.....

George O. Wagner
working under my personal supervision.

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

Signed George O. Wagner

Licensed Embalmer No. 2973

P. O. Address Louisiana, La.

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

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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39137

Registration District No. 689

Primary Registration District No. 3033

Registrar's No.

1. PLACE OF DEATH:

- (a) County Boke
- (b) City or town Parisiana
(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)

3. (a) PRINT FULL NAME James C. House

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

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

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

7. Birth date of deceased. Apr 19 1925
(Month) (Day) (Year)

8. AGE: 13 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 of business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

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

(b) Address.....

19. (a)..... (b).....
(Date received local registrar) (Registrar's signature)

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.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17 year 1941 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19.....

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

Immediate cause of death accident

Due to gun left chest wall with penetration of heart muscle

Due to.....

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

Major findings: 184
Of operations..... 17

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) accident

(b) Date of occurrence Nov 22 1941

(c) Where did injury occur? Ball Run Pike Mo
(City or town) (County) (State)

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

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

23. Signature MA Smith Coroner
Address Louisiana, Mo Date signed 11/3/41

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

SUPPLEMENTARY

S-39137