

FILED APR 8 1942 99

Registration District No. **299**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Jackson**  
(c) Name of hospital or institution:  
**5 W 6th St**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community **unknown**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson**  
(c) City or town **J.C.**  
(d) Street No. **5 W 6th**  
(e) Citizen of foreign country? **unknown** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **EMILE HOUSEMAN**

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

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

8. AGE: Years **approx 72** Months Days If less than one day  
hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER  
12. Name **9**  
13. Birthplace (City, town, or county) (State or foreign country) **9**  
14. Maiden name **9**  
15. Birthplace (City, town, or county) (State or foreign country) **9**

16. (a) Informant **Deputy Coroner**  
(b) Address **K.C. Mo**  
17. (a) **Burial** (b) Date thereof **3/23/42**  
(c) Place: burial or cremation **Maple Hill Cem**

18. (a) Signature of funeral director **A. Subbitt**  
(b) Address **901 E 5th**  
19. (a) **3-23-42** (b) **M. M. Crowe**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3** day **16** year **1942** hour **10:55** min. **P.**

21. I hereby certify that I attended the deceased from **19** to **19** that I last saw **alive** and that death occurred on the date and hour stated above. Immediate cause of death **Deputy Coroner**

Due to **Chronic myocardial**  
Due to **938**  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **938**  
Of autopsy **938**

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) (a) Means of injury **9**  
23. Signature **Russell** (M.D. or other) **9**  
Address **938** Date signed

Duration  
Underline the cause to which death should be charged statistically.

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 \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_ working under my personal supervision.

Signed \_\_\_\_\_

*Ray E. Snow*

Licensed Embalmer No. \_\_\_\_\_

*2560*

P. O. Address \_\_\_\_\_

*R E Snow*

**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.**