

FILED JUN 22 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17369

Registration District No. 73

Primary Registration District No. 2006-518

Registrar's No. 71

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: The Ellis Fischel State Cancer Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 days
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME ALLEN Houser

3. (b) If veteran, name war _____ 3. (c) Social Security No. 495-01-0272

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced 1 divorced Married
6. (b) Name of husband or wife Lillian Houser 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 24, 1888
(Month) (Day) (Year)

8. AGE: Years 53 Months 7 Days 12 If less than one day hr. _____ min. _____

9. Birthplace Weston Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation foreman of steel barrel plant

11. Industry or business _____
12. Name Nimrod W. Houser
13. Birthplace McConnelleville, Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Mary Blanton
15. Birthplace Richwood Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Lillian Houser
(b) Address 3215 E. 27th St., Kansas City, Mo.
17. (a) Removal (b) Date thereof 5 7 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____
18. (a) Signature of funeral director C. O. Hittitt
(b) Address Columbia Mo
19. (a) 5-7-42 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3215 E. 27th St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1942 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from April 17, 1942 to May 6, 1942
that I last saw him alive on May 6, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Tonsillar Fossa Duration 2 M
Due to with metastases to cervical lymph nodes
Due to _____

Other conditions Laryngeal Edema
(Include pregnancy within 30 months of death)

Major findings:
Of operations _____
Of autopsy Carcinoma of Tonsillar Fossa

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 0

23. Signature J. V. Ackerman (M. D. or other) M.D.
Address The Ellis Fischel Cancer Hospital Date signed 5/6/42

10
2
4

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

MOTHER FATHER

1250

(Licensed Embalmer's Statement on Reverse Side)

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, by.....
....., Registered Apprentice No.....
working under my personal supervision.

*Poor Circulation
due to Mutation of External +
Internal Carotids + Cervical
Arteries*

Signed *Lynian Sprinkle*

Licensed Embalmer No. 4013
P. O. Address Columbia, Mo

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.