

Filed JUL 2 1942

Registration District No. 2427

Primary Registration District No. 1002

Registrar's No. 2463

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City Mo.**

(c) Name of hospital or institution: **St. Lukes Hospital**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **6 Days**

In this community **6 Days**

(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Clinton**

(c) City or town **Clinton**

(If outside city or town limits, write "RURAL")

(d) Street No. **R. R. # 4**

(If rural, give location)

(e) Citizen of foreign country? **1** (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME **Ethel M. Houts**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **No.**

4. Sex **Fe.**

5. Color or race **Wh.**

6. (b) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **R. Ray Houts**

6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased **Sept. 30 1892**

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
49	8	27	26 hr. min.

9. Birthplace **Clinton Mo.**

(City, town, or county) (State or foreign country)

10. Usual occupation **Home**

11. Industry or business.....

MOTHER FATHER

12. Name **Chas. F. Price**

13. Birthplace **Ill.**

(City, town, or county) (State or foreign country)

14. Maiden name **Clara E. Keiser**

15. Birthplace **Unknown Ill.**

(City, town, or county) (State or foreign country)

16. (a) Informant **R. Ray Houts**

(b) Address **Clinton Mo. R.R. #4**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **June 29-42**

(Month) (Day) (Year)

(c) Place: burial or cremation **Englewood - Clinton**

18. (a) Signature of funeral director **Consalus & Peck**

(b) Address **Clinton Mo.**

19. (a) **6-28-42** (Date received local registrar)

(b) **M. M. Crowe** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **26** year **1942** hour **6** minute **30** P.M.

21. I hereby certify that I attended the deceased from **June 23** to **June 26**, 19**42** that I last saw her **or** alive on **June 26**, 19**42** and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia**

Duration **1 wk.**

Due to **Nephritis Chronic**

Due to **Hypertension**

Other conditions **131 B**

(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.....

(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 **T. P. Beyschlag** (M. D. or M. S.)

Address **Kansas City, Mo.** Date signed **6/28/42**

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

660 W. 61 St.

Aug 1921

*John J. ...
...
...*

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.....

Licensed Embalmer No.....

P. O. Address.....

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.