

No. 2
1-4-41
5-17-39
1 X28380

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2243

State File No. _____

Registrar's No. 77

Registration District No. _____

Primary Registration District No. 2000

39
622

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1019 E. Pine
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 years
(Specify whether years, months or days)

In this community Four Years

3. (a) PRINT FULL NAME Phillip Housley

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

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

6. (b) Name of husband or wife Dovie Housley 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased April 29 1873
(Month) (Day) (Year)

8. AGE: Years 69 Months 8 Days 25 If less than one day 27
hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Tom Housley

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

14. Maiden name McCraw

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

16. (a) Informant Mr. O. J. Housley
(b) Address 1336 Texas Ave.

17. (a) Burial (b) Date thereof Jan 28 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mountain Grove, Missouri

18. (a) Signature of funeral director Thieme Funeral Home
(b) Address 1100 Boonville Ave.

19. (a) 1-26-43 (b) O. W. Housley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 1019 East Pine
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24
year 1943 hour Four minute _____ P. M.

21. I hereby certify that I attended the deceased from 1, 23, 43 19 to 1, 24, 43 19;
that I last saw him alive on 1, 23, 43 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 24hrs.

Due to _____

Due to _____

Other conditions 94a
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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? _____

White at work _____ (Specify type of place) (e) Means of injury _____

23. Signature J. J. Musick (M. D. or other) _____
Address Springfield, Mo. Date signed 1-26-43

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 Fred C. Thieme

Licensed Embalmer No. 2899

P. O. Address Springfield, 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.