

ED FEB 15 1943
Registration District No. 560

Primary Registration District No. 6225

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Washington Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 3 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 mo 9 days
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 2310 Maude Lane
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME CHESTER H. HOUSE

3. (b) If veteran, name war Unknown 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Mrs C. H. House 6. (c) Age of husband or wife if alive unk. years

7. Birth date of deceased June 28th 1902
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 6 23 hr. min.

9. Birthplace West Plains Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business.....

12. Name Wm. H. House

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

14. Maiden name Mary Louisa McFarland

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

16. (a) Informant State Hospital Records

(b) Address Ne Vada, Mo

17. (a) Burial (b) Date thereof 1-22-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Joplin Mo

18. (a) Signature of funeral director Harold B. Bewick
(b) Address Joplin Mo

19. (a) 1-21-43 (b) Harold B. Bewick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20th
year 1943 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from May
1st 1942 to Jan 20th 1943
that I last saw him alive on Jan 19th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Luetic meningio Encephalitis

Due to Psychosis

Due to 30

Other conditions (Include pregnancy within 3 months of death) 30

Major findings: Of operations.....
Of autopsy no autopsy

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 C. S. Warrick (M. D. or other)
Address Ne Vada, Mo Date signed 1/27/43

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

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

0087

108

RECEIVED

District Health Officer No. 7,

District File Number 1-43-62

Date Filed 2-4-43

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 Steve D. Parker

Licensed Embalmer No. 2548

P. O. Address Jordan 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.