

S. No. 2
M-5-42
7-5-17-39
P-1 X32877

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13226

State File No. _____

1960

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

In this community 10 yrs

3. (a) PRINT FULL NAME George Howard House

3. (b) If veteran, name war None

3. (c) Social Security No. 486-05-1178

4. Sex Male

5. Color or race Wh.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William Irene House

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased December 17, 1889
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>4</u>	<u>7</u>	hr. min.

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

10. Usual occupation Mater Mechanic

11. Industry or business Dart Truck Co.

12. Name Henry Howard House

13. Birthplace No Record New York
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Miller

15. Birthplace Independence Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. William I. House

(b) Address 5826 Grandview, Merriam Kansas

17. (a) Burial (b) Date thereof 4-26-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director States Funeral Home

(b) Address 1901 North Blvd. N. C. Kans.

19. (a) 4-26-43 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Johnson

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

(d) Street No. 5826 Grandview
(If rural, give location)

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

If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
year 1943 hour 12:30 minute A M.

21. I hereby certify that I attended the deceased from April 21st to April 27 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Robert Pneumonia

Duration 6 day

Due to 108

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Right Lobes Pneumonia

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)

23. Signature D. S. Larson, M.D. (M. D. or other)

Address 237 Professional Bldg Date signed 4/24/43

MAR 12 1945

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.....

Wm L. Ward
.....
Licensed Embalmer No. *3991*

P. O. Address.....

*309 E 67th St
St. Paul, Minn.*

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.