S. No. 2
M—5-42
5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Dyer # 17340

State File No.

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 138

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

0
2
4
1

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: Boone County Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Months (Specify whether
In this community 47 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Hallsville 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route 2 0
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME CARL WALKER HOUSE

3. (b) If veteran, name war World War I

3. (c) Social Security No. 499-12-7630

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Lena Rebecca

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

7. Birth date of deceased 11 - 6 - 1895
(Month) (Day) (Year)

8. AGE: Years 47 Months 6 Days 26 If less than one day hr. min.

9. Birthplace Boone County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name John House
13. Birthplace Boone County (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Etta Moore
15. Birthplace Boone County (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs. Carl Walker House
(b) Address Route 2, Hallsville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-4-43 (Month) (Day) (Year)
(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Parkers, F. S.
(b) Address Columbia, Mo.

19. (a) 6-5-43 (Date received local registrar) (b) Edna H Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
year 1943 hour 3:20 minute P. M.

21. I hereby certify that I attended the deceased from June 16 - 1940, to 6 2 1943
that I last saw him alive on June 1 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Operation for Diaphragmatic Abscess

Due to Old Peptic Ulcer Perforation

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations As above

Of autopsy No

Duration: Several wks.

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

22. If death was due to external causes, fill in the following: No

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? No (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
No (Specify type of place)

While at work? (e) Means of injury

23. Signature W. P. Dyer (M. D. or other) M.D.
Address Columbia Mo. Date signed 6-5-43

1250 (Licensed Embalmer's Statement on Reverse Side)

JUN 11 1943

JUN 17 1943

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 W. A. Whitaker

Licensed Embalmer No. 3893

P. O. Address Columbia

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.