V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

21632

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 24 1943

Registration District No.

Primary Registration District No. 2001

Registrar's No. 334

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: St Johns Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 hours (Specify whether
In this community none
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ~~Jasper~~ 60 0

(c) City or town ~~Joplin~~ Noel 0
(If outside city or town limits, write "RURAL")

(d) Street No. none
(If rural, give location)

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

If yes, name country ---

3. (a) PRINT FULL NAME Joseph Elwin Houck

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec (Month) 9th (Day) 1942 (Year)

8. AGE: Years | Months 6 | Days 4 | If less than one day hr. min.

9. Birthplace Concord California. (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name D. L. Houck
13. Birthplace LeRoy Kansas (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Helen M Minges.
15. Birthplace Coffeyville Kansas (City, town, or county) (State or foreign country)

16. (a) Informant D. L. Houck
(b) Address Independence Kas.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-15th (Month) (Day) 1943 (Year)
(c) Place: burial or cremation Independence Kas.

18. (a) Signature of funeral director Potts Funeral Home
(b) Address Independence Kansas

19. (a) 6-14-43 (Date received local registrar) (b) Gertrude Sudhoetter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6th day 13th year 1943 hour minute 7 A.M.

21. I hereby certify that I attended the deceased from 5:30 am, 6/13/43, 19..., to 7am 6/13/43, 19...; that I last saw him alive on 6/13/43, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death acute enteritis.

Due to

Due to

Other conditions Dehydration, (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

119a

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. C. Redkirk M.D. (M.D. or other)

Address 304 Frisco Bldg. Joplin Mo. Date signed 6/14/43

1204

(Licensed Embalmer's Statement on Reverse Side)

43-6-511

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. 95-9

P. O. Address Joplin 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.