

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22156

FILED JUL 10 1948

Registration District No. 274

Primary Registration District No. 4406

Registrar's No. 198

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

1. PLACE OF DEATH:

(a) County Pittis  
(b) City or town Houstonia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 43 (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Lamis Paul We? Horn

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced 1  
6. (b) Name of husband or wife Hattie Rothrock 6. (c) Age of husband or wife if alive 62 years  
7. Birth date of deceased 1868 Nov 1  
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 18 If less than one day hr. min.

9. Birthplace Randolph N.C.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Banker

11. Industry or business

12. Name C. E. Kelborn  
13. Birthplace Randolph N.C.  
(City, town, or county) (State or foreign country)  
14. Maiden name Kathryn Hatch  
15. Birthplace Randolph N.C.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C. E. Kelborn  
(b) Address Houstonia Mo  
17. (a) burial (b) Date thereof 5-22-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Houstonia

18. (a) Signature of funeral director H. Rothrock  
(b) Address Houstonia

19. (a) June 13, 1943 (b) Mrs. Anna Rayer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pittis  
(c) City or town Houstonia 810  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0 (If rural, give location)  
(e) Citizen of foreign country? yes (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 year 43 hour 5 minute AM  
21. I hereby certify that I attended the deceased from May 13 1943, to May 18 1943, that I last saw him alive on May 18 1943, and that death occurred on the date and hour stated above.  
Immediate cause of death Paralysis Agitans  
(Parkinson's Disease)

Due to Age 87c  
Other conditions Age 87c  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations X  
Of autopsy X

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) X  
(b) Date of occurrence X  
(c) Where did injury occur? X  
(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 X  
23. Signature C. L. P. Ruyt (M. D. or other)  
Address Houstonia, Mo. Date signed May 32

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

7-2-43

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

H. H. Smiley

Licensed Embalmer No.

3987

P. O. Address

Houstonia

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.