

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 13 1943

Registration District No. 200

Primary Registration District No. 3041

Registrar's No. 87

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Macon
(If outside city or town limits, write "RUHAL" 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..... (Specify whether
In this community..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Macon
(c) City or town Macon
(If outside city or town limits, write "RUHAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Kate Houser

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female / race White / 5. Color or race White / 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Mae 19-1874
(Month) (Day) (Year)
8. AGE: Years 69 Months 6 Days 3 If less than one day hr..... min.

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

10. Usual occupation House wife

11. Industry or business.....

MOTHER FATHER { 12. Name Geo M Houser
13. Birthplace Baltimore Md
(City, town, or county) (State or foreign country)
14. Maiden name Temperance Gray
15. Birthplace Baltimore Md
(City, town, or county) (State or foreign country)

16. (a) Informant Mary E Houser
(b) Address Macon Mo

17. (a) Macon (b) Date thereof Sept 23 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem

18. (a) Signature of funeral director Robert Skupner
(b) Address Macon Mo

19. (a) 10/6/43 (b) Jora B. Funchler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 21
year 1943 hour 2 minute a M.
21. I hereby certify that I attended the deceased from Sept 15 1943 to Sept 21 1943
that I last saw her alive on Sept 20 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Arthritis Hepatitis (after the attack)
Duration Yes.

Due to.....
Due to.....

Other conditions Several bad ones
(Include pregnancy within 3 months of death) See etc.

Major findings: 598
Of operations.....
Of autopsy.....
PHYSICIAN

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 Lawrence (M. D. or other)
Address Macon Date signed 10/7/43

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

RECEIVED

District Health Officer No. 10

District File Number 10-43-1306

Date Filed OCT 1 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 Albert S. Kummer

Licensed Embalmer No. 75-1

P. O. Address Macon 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.