

FILED OCT 13 1943

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

32153

Do not use this space.

## 1. PLACE OF DEATH

(a) County Monroe  
(b) Township Madison  
(c) City MadisonRegistration District No. 226  
Primary Registration District No. 4337  
(d) Street No. \_\_\_\_\_Registered No. 39

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. 1 Lulu E. Houchins St. Madison (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James William Houchins6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 9, 18657. AGE YEARS 78 MONTHS 7 DAYS 26 If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co, MissouriFATHER 13. NAME Wm Green Harper14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unionville, KyMOTHER 15. MAIDEN NAME Betty Clark16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Va17. INFORMANT (ADDRESS) Lulu E. Houchins, Madison, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Hill DATE 9/5, 194319. FUNERAL DIRECTOR (NAME) (ADDRESS) W. A. Thompson, Madison, Mo.20. FILED 9/10 1943 Otto Hedberg Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 5, 194322. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1942, to Sept 5, 1943  
I last saw her alive on Sept 5, 1943. Death is said to have occurred on the date stated above, at 6:30 P. M.  
The principal cause of death and related causes of importance were as follows:Cerebral Hemorrhage Date of onset 8-5-43  
830  
Other contributory causes of importance: Hypertension years \_\_\_\_\_Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) W. A. Thompson, M.D.  
(Address) Madison, Mo.

RECEIVED

District Health Officer No. 10

District File Number 10-43-1688

Date Filed OGT 11 1943

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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 Paul Richard Brown

Licensed Embalmer No. 4324

P. O. Address Madison, Miss

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, above space should be left blank.