

FILED NOV 9 1943  
Registration District No. 1002

Primary Registration District No. 1000

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

**1. PLACE OF DEATH:**

(a) County Buchanan

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

(c) Name of hospital or institution: Missouri Methodist  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days  
(Specify whether years, months or days)

8. (a) PRINT FULL NAME LUCINDA HOUSE

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

4. Sex ♀ 5. Color or race W 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Wm M. House 6. (c) Age of husband or wife if alive 1 years

7. Birth date of deceased Jan 22 1859  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

84 8 17 hr. min.

9. Birthplace Buchanan Co MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Samuel J Phillips

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Willa Evans

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Homey House

(b) Address Albion, Mo

17. (a) Albion (b) Date thereof 10-14-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Albion Cem.

18. (a) Signature of funeral director Arch C. Duffell

(b) Address Grant City, MO

19. (a) Oct 14, 43 (b) Rose Heitz  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MO (b) County North 113

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

(d) Street No. Albion, Mo.  
(If rural, give location)

(e) If foreign born, how long in U. S. A. 1 years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct day 9th  
year 1943 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 4 -  
1943 to Oct 9 - 1943;

that I last saw her alive on Oct 8, 1943;

and that death occurred on the date and hour stated above.

Immediate cause of death Shock & senility Duration

Due to Fracturing of femur and old lacer

Due to \_\_\_\_\_

Other conditions 1860  
(Include pregnancy within 3 months of death)

Major findings: None PHYSICIAN

Of operations None

Of autopsy None

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 accident

(b) Date of occurrence no facts 11-3

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no facts

While at work? no facts (Specify type of place)

(e) Means of injury fall

23. Signature Paul Johnson (M. D. or other)

Address St Joseph, MO Date signed 10-14-43

1233

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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

*Arch C. Dumblee*

Licensed Embalmer No.

*32452*

P. O. Address

*Lebanon City, 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, above space should be left blank.**