

No. 2
1-2-43
5-17-39
I X38697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37675

FILED DEC 9 1943

State File No.

Registration District No. 2916

Primary Registration District No. 4032

Registrar's No.

1. PLACE OF DEATH

(a) County Barton

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 35 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME LETTIE ESTELLE HOUDYSHELL

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24
year 1943 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov 24
1943, to Nov 24, 1943
that I last saw her alive on Nov 24, 1943
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased October 3 1862
(Month) (Day) (Year)

Immediate cause of death Angina pectoris
Duration unknown

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 94 lb

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

81 1 21 _____

9. Birthplace Blaineville Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Henry Fleming

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

14. Maiden name Ricilla Whitmore

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

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 Chris R Boon (M. D. or other) _____
Address Golden City Mo Date signed 11/25/43

16. (a) Informant Lura Houdyschell

(b) Address Golden City Mo.

17. (a) Burial (b) Date thereof Nov 28 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation W.D. Pen. Golden City Mo.

18. (a) Signature of funeral director Charles General
(b) Address Golden City Mo.

19. (a) Nov 27 1943 (b) Alice Ketterlund
(Data received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District No. 6

District File Number

1248-1334

Date Filed

DEC 7 1943

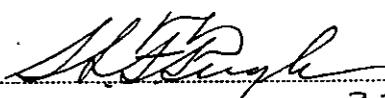
STATEMENT BY LICENSED EMBALMER

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



Licensed Embalmer No.

3278

P. O. Address

Golden 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, fact should be so stated above.