No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3546

Registration District No. 209 | Primary Registration District No. 3043 | Registrar's No. 23

1. PLACE OF DEATH:
(a) County: Marion
(b) City or town: Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Levering Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether) In this community ____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Marion 64
(c) City or town: Hannibal 9
(If outside city or town limits, write "RURAL")
(d) Street No.: 312 N. Main St.
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Fred G. Houdeshell
3. (b) If veteran, name war: ____
3. (c) Social Security No.: 527-22-6850
4. Sex: Male
5. Color or Race: White
6. (a) Single, widowed, married, divorced: Widower
6. (b) Name of husband or wife: Lillian
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: Nov (Month) 11 (Day) 1870 (Year)

8. AGE: Years	Months	Days	If less than one day
73	1	19	____ hr. ____ min.

9. Birthplace: Pike County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business: Wendt - Davis
FATHER
12. Name: Joseph G. Houdeshell
13. Birthplace: Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Mary E. Barnes
15. Birthplace: Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Sadie Kerns
(b) Address: Hannibal
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-13-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Olivet Cemetery
18. (a) Signature of funeral director: Frank J. O'Donnell
(b) Address: Hannibal
19. (a) 1-12-44 (Date received local registrar) (b) R. H. Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9 year 1944 hour 9 minute 25 P.M.
21. I hereby certify that I attended the deceased from Jan 1944 to Jan 9 1944 that I last saw alive on Jan 9 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to: Hypertension	
Due to: Chr nephritis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 1318
Of autopsy: ____

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)
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: [illegible] (M. D. or other)
Address: [illegible] Date signed 1-11-44

1146

(Licensed Embalmer's Statement on Reverse Side)

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 Michael J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.