

FILED MAR 11 1944

Registration District No. 277

Primary Registration District No. 4372

Registrar's No. _____

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

74
0
0

1. PLACE OF DEATH:

(a) County Madison

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

(c) Name of hospital or institution: None!
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution None
In this community About 1 yr.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison

(c) City or town Burlington, Mo.
(If outside city or town limits, write "RURAL")

(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 Joseph George House

3. (b) If veteran, name war _____

3. (c) Social Security No. 482-05-4112

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3/22 day _____ year 1944 hour 4:30 minute 2 A.M.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Angie Mesbain House

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased: Aug 23 1883
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 20 1943 to Feb 22 1944
that I last saw him alive on Jan 2 1944
and that death occurred on the date and hour stated above.

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

60 6 29 hr. min.

Immediate cause of death Coronary occlusion

Due to arteriosclerosis 2 yrs

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

10. Usual occupation Druggist

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

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name William House

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

14. Maiden name Wrestonia Neff

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Angie House

(b) Address Burlington, Mo.

17. (a) Burial (b) Date thereof 2-24-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Afton, Iowa

18. (a) Signature of funeral director Caryl Bell Funeral Home

(b) Address Manlyville, Missouri

19. (a) Feb 25 1944 (b) W. W. [Signature]
(Date received local registrar) (Registrar's signature)

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 0

23. Signature W. W. [Signature] (M. D. or other) _____

Address State Hospital 2 Date signed 3/22/44

1269

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 W.lean Campbell

Licensed Embalmer No. 2639

P. O. Address Marquette 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.