

S. No. 2
DM-543
v. 5-17-39
I X36671

abr Smith

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11805

FILED APR 7 1944
Registration District No. 284

Primary Registration District No. 5975

Registrar's No. 4

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

1. PLACE OF DEATH:

(a) County Polk

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

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

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

In this community _____ (Specify whether _____)

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk

(c) City or town Rural
(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 _____

3. (a) PRINT FULL NAME MAY-A-HOUSER

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13 1944
year 1944 hour 8:15 minute P M.

21. I hereby certify that I attended the deceased from Sept 16, 1942, to March 10, 1944
that I last saw her alive on March 10, 1944
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 Charles Houseer 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 5 1886
(Month) (Day) (Year)

Immediate cause of death Carcinoma of sigmoid. Metastatic to liver

Due to _____

Due to _____

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

57 7 7 _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) 46

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

10. Usual occupation house wife

11. Industry or business _____

12. Name J. W. Dewitt

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

14. Maiden name Aura Lambson

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

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Erma Vest

(b) Address Bolivar Missouri

17. (a) Burial (b) Date thereof 3-14-44
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Paymi cemetery

18. (a) Signature of funeral director Ditchison & Co

(b) Address Bolivar Missouri

19. (a) 3/25/44 (b) Martha Rush
(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) no

(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 G. D. Smith (M. D. or other) _____

Address Bolivar Mo Date signed 3/22/44

RECEIVED
District Health Officer No. 7,
District No. 3-44-321
Date Filed 4-6-44

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. 3746

P. O. Address Baltimore, Md.

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.