DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 20 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15209

Registration District No. 209 Primary Registration District No. 3043-5765 Registrar's No. 100

1. PLACE OF DEATH:

(a) County Marion

(b) City or town ~~Hannibal~~ Rural # 2 Marion Twp
(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)

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

2. USUAL RESIDENCE OF DECEASED: 64

(a) State Missouri (b) County Marion 0

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

(d) Street No. R. R. #2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Harrison Daniel Houck

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White 0

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

6. (b) Name of husband or wife Mary Miller Houck

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased June (Month) 27 (Day) 1871 (Year)

8. AGE: Years 72 Months 8 Days 14 If less than one day hr. min.

9. Birthplace Marion Co. (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Dairy Farmer

11. Industry or business

FATHER
12. Name Cyrus W. Houck
13. Birthplace Marion Co. (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Susan Seltzer
15. Birthplace Marion Co. (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant G. B. Secker
(b) Address R. R. # 2, Hannibal, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/14/44 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetary

18. (a) Signature of funeral director Wm M. Smith
(b) Address 902 Bdway, Hannibal

19. (a) 3-18-44 (Date received local registrar) (b) R W Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11
year 1944 hour 6 minute 00 P.M.

21. I hereby certify that I attended the deceased from 1940 to 3-11-44 19 ;
that I last saw him alive on 3-5-44 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion — Duration 1/12 hr

Due to arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

94a

Major findings:
Of operations no

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

23. Signature J. Hardesty M.D. (M.D. or other)
Address Hannibal Mo. Date signed 3-14-44

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

George T. Bond, Registered Apprentice No. 350

working under my personal supervision.

Signed Wm. G. Smith

Licensed Embalmer No. 1204

P. O. Address 902 Bdway, Hannibal, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.