

FILED JUL 13 1944

Registration District No. 757

Primary Registration District No. 3028

State File No. _____

Registrar's No. 145

1. PLACE OF DEATH:

(a) County Gascon
(b) City or town Edithage, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Stone Memorial Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 4 1/2 hours
(Specify whether
In this community 10 yrs. 0
years, months or days)

3. (a) PRINT FULL NAME Bladys Frances Houdeshell

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ralph P. Houdeshell 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased August 20 1901
(Month) (Day) (Year)

8. AGE: Years 42 Months 10 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Bourbon County, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Samuel Hanning

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

14. Maiden name Winnie Maude Tanner

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

16. (a) Informant Mrs. Mary Munoz
(b) Address Columbus, Kansas

17. (a) burial (b) Date thereof June 25-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheldon, Cemetery

18. (a) Signature of funeral director H. B. Bony & Sons
(b) Address Sheldon, Mo
19. (a) June 22 '44 (b) E. Elizabeth Couplin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wernon 1020
(c) City or town Sheldon - Rural 0
(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 no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1944 hour 9 minute 40 a.m.

21. I hereby certify that I attended the deceased from 6-19-44
19____ to 6-20 1944

that I last saw her alive on 6-20- 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Hemorrhage

Due to Miscarriage

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

1412

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? _____

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

23. Signature H. B. Bony & Sons (M.D. or other) no

Address Sheldon, Mo Date signed 6-20-44

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

44-6-533

FEB 8 1945

FEB 27 1945

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. 2385

working under my personal supervision.

Signed *Carroll T. Berry*

Licensed Embalmer No.....

P. O. Address.....

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.