

FILED AUG 23 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3320

18
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
1119 Jarboe
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 36 years (Specify whether years, months or days)

In this community 36 years

3. (a) PRINT FULL NAME ODILON PETER HOUE

3. (b) If veteran, name war World War 1

3. (c) Social Security No. 486-07-4516

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased April 17, 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>3</u>	<u>24</u>hr.min.

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

10. Usual occupation Mechanic

11. Industry or business North American Aviation

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Eulalia Unknown

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

16. (a) Informant Katie Houde

(b) Address 1119 Jarboe

17. (a) Burial (b) Date thereof Sept. 8/11/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.

(b) Address Kansas City, Mo.

19. (a) 8-12-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 1119 Jarboe
(If rural, give location)

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

If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18 year 1944 hour 3:20 minute P. M.

21. I hereby certify that I attended the deceased from Deputy Coroner 19...; that I last saw h. alive on 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial infarction

Due to Acute coronary occlusion

Other conditions 94a
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy See above

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? _____

23. Signature A. E. Wrother (M. D. or other) M.D.

Address 23rd & Olive Date signed 8/12/44

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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 D Blackman*

Licensed Embalmer No. *3639*

P. O. Address..... *1500*

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.