

FILED OCT 10 1944

Registration District No. 50

Primary Registration District No. 4071

Registrar's No. 28

1. PLACE OF DEATH:
(a) County Banders
(b) City or town Camdenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
home - Highway 54
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community in County - Life years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Banders¹⁵
(c) City or town Camdenton³
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Oscar William Houser
(b) If veteran, name war no
(c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 28
year 1944 hour 3 minute 0 M.
21. I hereby certify that I attended the deceased from August 28, 1944
_____ 19____ to _____ 19____

4. Sex male 5. Color or race whk
6. (a) married Single, widowed, married, divorced, ~~widowed~~
(b) Name of husband or wife Rosa 6. (c) Age of husband or wife if
alive 64 years
7. Birth date of deceased Jan 6 1876
(Month) (Day) (Year)

that I last saw him alive on August 28
and that death occurred on the date and hour stated above. 1944
Immediate cause of death _____ Duration _____

8. AGE: Years Months Days If less than one day
68 7 22 hr. _____ min.

Other conditions none
(Include pregnancy within 3 months of death)
Major findings: no operation
Of autopsy none made

9. Birthplace Miller Co Mo
(City, town, or county) (State or foreign country)

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

10. Usual occupation School teacher

PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business Merchant Retired
12. Name William F. Riley Houser
13. Birthplace Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Jane Rogers
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Rosa Houser
(b) Address Camdenton, Mo
17. (a) Burial (b) Date thereof Aug 30 - 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Freedom Tenn.

18. (a) Signature of funeral director Bankson - Woolery
(b) Address Camdenton, Mo
19. (a) Sept 12-44 (b) Edith Nelson
(Date received local registrar) (Registrar's signature)

23. Signature D. Ellis Houser M.D.
Address Camdenton, Mo Date signed 9/27/44

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

505

1337

JUN 18 1947

RECEIVED

District Health Officer No. 7,

District File Number 9-44-1132

Date Filed 10-9-44

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 Abbi Banks Woolery
Licensed Embalmer No. 2488
P. O. Address Camden, 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.