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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 25 1945
Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2215
State File No. 2215
Registrar's No. 6

Primary Registration District No. 5000

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1215 N. Lyon
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 yrs
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 31
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1215 N. Lyon
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Glen Theodore House

3. (b) If veteran, name war UNK.

3. (c) Social Security No. UNK.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife UNK.

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

7. Birth date of deceased May 6 1911
(Month) (Day) (Year)

8. AGE:

Years 33 Months 7 Days 25
If less than one day _____ hr. _____ min.

9. Birthplace:

Marionville Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation:

Dr. Pepper Bottling Co.

11. Industry or business:

MOTHER FATHER

12. Name Henry House

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

14. Maiden name Etta Wilson

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

16. (a) Informant Mrs. Nadine House

(b) Address 1215 N. Lyon St. Springfield, Mo.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 1-4-45
(Month) (Day) (Year)

(c) Place: burial or cremation Crowfoot Cemetery

18. (a) Signature of funeral director Fred E. Phelan

(b) Address 1100 Booneville Ave. Springfield, Mo.

19. (a) 1-3-45
(Date received local registrar)

(b) B. W. Daudley
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1
year 1945 hour 2:00 minute P M.

21. I hereby certify that I attended the deceased from 1942
to Jan 1 1945

that I last saw him alive on Dec 23 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Occlusion
Due to _____
Due to _____

Other conditions 940
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
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) ✓
(b) Days of absence _____

(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 Thos. D. J. Yuell (M. D. or other) D.O.
Address 239 1/2 E. Commercial Date signed 1/3/45
Springfield, Mo.

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

9
2
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SEP 6 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.....
working under my personal supervision.

Signed Fred C Thieme

Licensed Embalmer No. 2899

P. O. Address Springfield 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.

X