

S. No. 2
M-8-43
v. 5-17-39
X37823

17057

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 17 1945

Registration District No. 157

Primary Registration District No. 3023

Registrar's No. 79

12
1
2

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

1. PLACE OF DEATH:

(a) County HENRY CLINTON

(b) City or town _____
(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 7 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County HENRY

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

(d) Street No. 13 miles E Clinton
(If rural, give location)

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

If yes, name country: _____

3. (a) PRINT FULL NAME FRANK C. HOUSEWORTH

3. (b) If veteran, name war:

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5
year 1945 hour 2:15 minute A M.

21. I hereby certify that I attended the deceased from 3-11, 1945, to 4-5, 1945
that I last saw him alive on 4-2, 1945
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Oliver 6. (c) Age of husband or wife if alive 31-1859 years

7. Birth date of deceased (Month) 7 (Day) 31 (Year) 1859

Immediate cause of death: Softening of the brain.

Due to Atherosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 830

8. AGE: Years 85 Months 8 Days 4 If less than one day hr. _____ min. _____

9. Birthplace Mich & Penna
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Levi Houseworth

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

14. Maiden name Oliver

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

16. (a) Informant Artie Reno

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 4-7-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shady Grove

18. (a) Signature of funeral director Fred Wilkerson

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

(b) Address Clinton Mo

19. (a) April 6th (b) Myrtle Knowles
(Date received local registrar) (Registrar's signature)

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? _____

(Specify type of place) _____

While at work? (e) Means of injury _____

23. Signature E. C. Peeler (City or town) Clinton Mo
Address: _____ Date: 4/7/45

RECEIVED

Dist. Officer No. 7

District Number 4-45-48

Date Filed 5-16-48

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 Wilkerson
Licensed Embalmer No. 2478
P. O. Address Clinton 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.