

FILED JUL 13 1945

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 92

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Days (Specify whether years, months or days)
In this community 9 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt
(c) City or town Oregon
(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

3. (a) PRINT FULL NAME Albert Dexter Housewirth

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

4. Sex Male (1) 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie Housewirth 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased January 18 1873
(Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 19 If less than one day hr. min.

9. Birthplace Holt County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation City Marshall

11. Industry or business

12. Name Louis Housewirth
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Margaret Gould
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minnie Housewirth
(b) Address Oregon, Missouri

17. (a) Burial (b) Date thereof June 10 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oregon, Missouri

18. (a) Signature of funeral director James H. Pettigrew
(b) Address Oregon, Mo

19. (a) June 12 4 46 (b) James D. Barber
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
year 1945 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 29, 1945, to June 7, 1945, that I last saw h. in alive on June 7, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Central hemorrhage with right sided paralysis Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations found 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) 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. M. Wallis (M. D. or D.O.)
Address Maryville, Mo Date signed 6-7-45

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

MOTHER FATHER

1347

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.

RECEIVED
District Health Officer No. 11;
District File Number
Date Filed

Signed *James H. Pittjohn*
Licensed Embalmer No. *3192*
P. O. Address *Oregon 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.