

FILED JAN 8 1946

## STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 42

Primary Registration District No. 5125

Registrar's No. 1298

## 1. PLACE OF DEATH:

(a) County Buchanan  
 (b) City or town Rural Center Twp.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
U.S. City 71 Highway 3  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days \_\_\_\_\_

## 3. (a) PRINT FULL NAME

Warren G. Houseworth3. (b) If veteran,  
name war No3. (c) Social Security  
No. 498-14-6839

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married,  
divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased Aug 2 1923  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
22 4 1 hr. \_\_\_\_\_ min.

9. Birthplace Camden Co. Mo.  
(City, town, or county) (State or foreign country)10. Usual occupation Truck Driver

## 11. Industry or business

MOTHER FATHER {  
 12. Name Marion Houseworth  
 13. Birthplace Ky  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Nettie Nichols  
 15. Birthplace Mo.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Orrville Houseworth(b) Address Windsor, Mo.17. (a) Removal (b) Date thereof 12-3-45  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Windsor, Mo.18. (a) Signature of funeral director Flemonson Inc(b) Address St Joseph Mo.19. (a) Dec 5 1945 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42  
 (c) City or town Windsor 21  
 (If outside city or town limits, write "RURAL") 0  
 (d) Street No. \_\_\_\_\_ (If rural, give location) 1  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3  
 year 1945 hour 3 minute A.M.  
viewed

21. I hereby certify that I viewed the deceased on  
###, Dec 3 1945 to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Injuries received  
when truck he was driving  
collided with another Auto  
 Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions none  
(Include pregnancy within 3 months of death)Major findings:  
Of operations 1700 1/2

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) Accident 11(b) Date of occurrence 12-3-45(c) Where did injury occur? R. St Joseph Buchanan Mo  
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Place US Highway 971While at work? yes (Specify type of place) (e) Means of injury Auto Accident23. Signatory B.W. Tadlock 300  
(M. D. or other) CoronerAddress King Hill Bldg St. JOSEPH Date signed 12/3/45

MAY 20 1946

MAY 21 1946

JAN 10 1946

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~~

working under my personal supervision.

Registered Apprentice No.

Signed

*Robert H. Gable*

Licensed Embalmer No.

3308

P. O. Address

*St Joseph, 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.