S. No. 2
M—2-43
. 5-17-39
3-1 X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 21 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1472

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5386

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

100312

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or ~~institution~~: RESEARCH HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 12 HOURS (Specify whether
In this community 8 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 644 EAST 70TH ST. TERRACE 8
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country ----

3. (a) PRINT FULL NAME MRS. PEGGY IRENA CARTER HOUSH

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE 1

5. Color or race WHITE

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

6. (b) Name of husband or ~~wife~~ MR. CHARLES R. HOUSH

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Jan. 10, 1890
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
55	11	16	hr. min.

9. Birthplace DALLAS TEXAS 1
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business ----

FATHER
12. Name Wm. H. CARTER
13. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Helen G. Parker
15. Birthplace Tenn. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Chas. R. Housh
(b) Address 644 E. 70th Terr.

17. (a) REMOVAL (b) Date thereof DEC. 28. 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ OKLAHOMA CITY, OKLA.

18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 12-28-45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 26TH
year 1945 hour 9 minute 45 A. M.

21. I hereby certify that I attended the deceased from 10-8, 1945, to Dec. 26, 1945
that I last saw her alive on Dec. 26, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of ovaries with metastasis — producing ascites —

Due to

Due to

Other conditions 49a
(Include pregnancy within 3 months of death)

Major findings: Of operations none was performed

Of autopsy

Duration

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature Paul Hunt (M. D. ~~or other~~)

Address 1612 Pr. of Bldg Date signed 12-27-45

(Licensed Embalmer's Statement on Reverse Side)

1612 Professional Bldg.
2-5:30 P.M.

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 E. Oscar Northey

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.