S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 7 1946

State File No. 3549

Registration District No. 262 — Primary Registration District No. 5887 — Registrar's No. 1

1. PLACE OF DEATH:
(a) County Ozark
(b) City or town Rural Boyd Tp (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: near Elijah Mo. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether In this community 20 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ozark
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. near Elijah (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country none

3. (a) PRINT FULL NAME MOSES HOUSE
3. (b) If veteran, name war —
3. (c) Social Security No. none

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased Dec (Month) 7 (Day) 1865 (Year)

8. AGE: Years 80 | Months 1 | Days 22 | If less than one day ____ hr. ____ min.

9. Birthplace Texas Co (City, town, or county) MO (State or foreign country)
10. Usual occupation Farmer
11. Industry or business —

FATHER
12. Name Isack House
13. Birthplace — (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name Adeline Mapp
15. Birthplace — (City, town, or county) MO (State or foreign country)

16. (a) Informant Walter House
(b) Address Elijah Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 31 46 (Month) (Day) (Year)
(c) Place: burial or cremation Bapt Hill
18. (a) Signature of funeral director Rallie Turnbow
(b) Address Farmington Mo
19. (a) 2-2-1946 (Date received local registrar) (b) Carl Davis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30th year 1946 hour 5 PM minute 4 P.M.

21. I hereby certify that I attended the deceased from January 25, 1946 to Jan 30 1946 that I last saw him alive on Jan 29 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Pneumonia (Bronchial)	3 days
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: 107	

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

23. Signature M J Hoerman (M. D. or other) DO
Address Galmeville, Mo Date signed 2-1-46

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(Licensed Embalmer's Statement on Reverse Side)

This Body Was Not Embalmed.

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 Laurence T Hall

Licensed Embalmer No. 2784

P. O. Address Greenville

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.