

7. S. No. 2  
DOM-5-43  
ev. 5-17-39  
I X36671

**FILED DEC 9 1946**

Registration District No. **155**

Primary Registration District No. **3127**

Registrar's No. **175**

**1. PLACE OF DEATH:**

(a) County **Jasper**

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

(c) Name of hospital or institution:  
**1027 West Daugherty**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. **20 yrs.** (Specify whether years, months or days)

In this community **20 yrs.**

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Jasper**

(c) City or town **Webb City**  
(If outside city or town limits, write "RURAL")

(d) Street No. **1027 West Broadway**  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME.** **James W. House**

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

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced. **Married**

6. (b) Name of husband or wife. **Ora House** 6. (c) Age of husband or wife if alive. \_\_\_\_\_ years

7. Birth date of deceased. **January 14 1872**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<b>74</b>	<b>10</b>	<b>15</b>	hr. _____ min. _____

9. Birthplace **No Data Tenn.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired School Teacher.**

11. Industry or business \_\_\_\_\_

12. Name **James A. House**

13. Birthplace **No Data Tenn.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Martha Jane Payne**

15. Birthplace **No Data Tenn.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Ora House (wife)**  
(b) Address **1027 West Daugherty**

17. (a) **Burial** (b) Date thereof **12/2-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Hope Cemetery**

18. (a) Signature of funeral director **Hedge-Lewis**  
(b) Address **301 West Broadway Webb City Mo.**

19. (a) **DEC 2; 46** (b) **J. H. Satchell M.D.**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **November** Day **29**  
year **1946** hour **I** minute **12** A. M.

21. I hereby certify that I attended the deceased from **August 28**  
**1946** to **November 29 1946**  
that I last saw him alive on **November 26 1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary heart disease** Duration **6 months**

Due to **Chronic Bronchial Asthma** 4 years

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations **94A**

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? \_\_\_\_\_

23. Signature **Cornell Jossim** (M. D. or other) **1946**  
Address **420 E. Main Blvd. Joplin Mo.** Date signed **Dec 2**

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

19  
6  
2

30

46-11-949

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**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 Richard Gray Lewis

Licensed Embalmer No. 4483

P. O. Address Webb City, 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.**