

Registration District No. **149**

Primary Registration District No. **1002**

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:
7208 PARK AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7 MONTHS** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **JACKSON**
(c) City or town **KANSAS CITY**
(If outside city or town limits, write "RURAL")
(d) Street No. **7208 PARK AVENUE**
(If rural, give location)
(e) Citizen of foreign country? **YES** (Yes or No)
If yes, name country **ENGLAND**

3. (a) PRINT FULL NAME **MR. WILLIAM C. HOUSE**
3. (b) If veteran, name war **NO** **3. (c) Social Security No.** **NONE**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **DECEMBER** Day **21** ST
year **1946** hour **10** minute **30 A.** M.

4. Sex **MALE** **5. Color or race** **WHITE** **6. (a) Single, widowed, married, divorced** **WIDOWED**
6. (b) Name of husband or wife **MRS. KATE HOUSE** **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased **FEBRUARY 27 1868**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Nov. 26**, 19**46** to **Dec. 21**, 19**46**
that I last saw him alive on **Dec. 21**, 19**46**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
78 **9** **23** **24** hr. **14** min.

Immediate cause of death
Lobar Pneumonia
Complicated with Myocarditis

9. Birthplace **DORSETSHIRE DORSET ENGLAND**
(City, town, or county) (State or foreign country)

Due to _____
Due to _____

10. Usual occupation **FARMER**

Other conditions (Include pregnancy within 3 months of death) **108**

11. Industry or business _____

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

12. Name **THOMAS HOUSE II**

13. Birthplace **UNKNOWN ENGLAND**
(City, town, or county) (State or foreign country)

14. Maiden name **MARtha WALLACE**

15. Birthplace **WALEs**
(City, town, or county) (State or foreign country)

16. (a) Informant **two boys in family**
(b) Address **3812 30 Benton**

17. (a) REMOVAL **(b) Date thereof** **DEC 24 1946**
(burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **ST. CATHERINE'S ONTARIO CANADA**

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

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 _____

19. (a) 12-23-46 **(b) E. Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

23. Signature **Roy Young D.O.** (M. D. or other) _____
Address **2534 W. 11th Blvd** **Date signed** **12-21-46**

MOTHER, FATHER

Miss Bogger

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 Melvin Miller
Licensed Embalmer No. 4407
P. O. Address Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.