

FILED MAR 12 1947

Registration District No.

Primary Registration District No.

Registrar's No. 2

1. PLACE OF DEATH: Ozark  
(a) County. Rural - Bayou Twp.  
(b) City or town. (If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 47 yrs. (Specify whether years, months or days)  
In this community.

3. (a) PRINT FULL NAME Joseph F. House  
3. (b) If veteran, name war. --- 3. (c) Social Security No. none

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed  
(b) Name of husband or wife Ina House 6. (c) Age of husband or wife if alive 4 years  
7. Birth date of deceased February 4 1858 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	89	1	0	hr. min.

9. Birthplace Mountain View Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Isaac House  
13. Birthplace Illinois (City, town, or county) (State or foreign country)  
14. Maiden name Adeline Houpp Illinois  
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Arno House  
(b) Address Elijah, Missouri  
17. (a) Burial (b) Date thereof 3-6-47 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation White Oak Cem.

18. (a) Signature of funeral director Clickingbeard Funeral Home  
(b) Address Gainesville, Mo.  
19. (a) 2-6-1947 (b) Carl Davis (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: Missouri Ozark  
(a) State (b) County  
(c) City or town. Elijah - rural (If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION  
20. DATE OF DEATH: March 5 1947  
Month day year hour minute A M.

21. I hereby certify that I attended the deceased from Sept 1947 to March 5 1947  
that I last saw him alive on March 4 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Decompensation with edema  
Duration 3 MO

Due to  
Due to

Other conditions.  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations  
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?

While at work? (Specify type of place) (e) Means of injury  
23. Signature of physician J. Hoernma (M. D. or other)  
Address Gainesville, Mo Date signed 3/5/47

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

*This body was not embalmed by  
request of family*

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**