

UNITED STATES BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17127  
Registrar's No. 410

FILED MAY 19 1947

Registration District No. 28

Primary Registration District No. 2000

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

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. John Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 Days (Specify whether years, months or days)

3. (a) PRINT FULL NAME William F. House

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eptha House 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Oct. 25 1874  
(Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 9 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Farmer

12. Name Richard House

13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Clyde House

(b) Address Mt. View, Mo.

17. (a) Burial (b) Date thereof 5/7/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. View, Mo.

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 5-7-47 (b) W.E. Hardsley MD  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell  
(c) City or town Mt. View  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4 year 1947 hour 7 minute 45a. M.

21. I hereby certify that I attended the deceased from May 2 1947 to May 4 1947; that I last saw him alive on May 3 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure Duration 2 wks.

Due to Arteriosclerosis ?

Due to

Other conditions Uremia ?  
(Include pregnancy within 3 months of death)

Major findings: Hypochromic Anemia 93E  
Of operations

Of autopsy

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 Dr. Hardsley (M. D. or other) MD  
Address Springfield, Mo. Date signed 5-7-47

**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 *Roy H. McHenry*.....

Licensed Embalmer No. *4432*.....

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.