

FILED JUL 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23081

Registration District No. 328

Primary Registration District No. 3073

Registrar's No. 13

1. PLACE OF DEATH:

(a) County SCOTT  
(b) City or town CHAFFEE MO  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution  
112 DAVIDSON AVE  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether  
In this community 3 yrs. (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County SCOTT 100  
(c) City or town CHAFFEE 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. 112 DAVIDSON 1  
(If rural, give location) 0  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME CAROLYN SUE HOUSEMAN

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

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased OCT. 5-1943 (Month) (Day) (Year)

8. AGE: Years 3 Months 8 Days 25 If less than one day hr. min.

9. Birthplace Cape Girardeau Mo (City, town, or county) (State or foreign country)

10. Usual occupation INFANT

11. Industry or business

12. Name LESTER L. HOUSEMAN

13. Birthplace Archway Ind. Mo. (City, town, or county) (State or foreign country)

14. Maiden name ROBERTA L. HOUSEMAN

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

16. (a) Informant Lester Houseman

(b) Address Chaffee Mo.

17. (a) BURIAL (b) Date thereof 7-3-47 (Month) (Day) (Year)

(c) Place: burial or cremation Chaffee Mo.

18. (a) Signature of funeral director M. J. MacCready

(b) Address Chaffee Mo.

19. (a) 7/5/47 (Date received local registrar) (b) G. B. MacCready (Registrar's signature) 7/4/47

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30 year 1947 hour 4 minute 20 P.M.

21. I hereby certify that I attended the deceased from 6-30-47 to 6-30-47, 1947 that I last saw her alive on 6-30-47, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Crushing Chest Injury

Due to L-Chest Rt Shoulder 1/2 hour

Due to Possible Skull Fracture 1/2 hr

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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) accident Traffic

(b) Date of occurrence 6-30-47

(c) Where did injury occur? Davidson Ave Chaffee Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Street

(Specify type of place) While at work? (e) Means of injury auto Run

23. Signature W. O. F. (M. D. or other) 7/1/47

Address Chaffee Mo Date signed 7/1/47

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

RECEIVED

District Health Office No. 2,

District File Number 777-966

Date Filed 7-11-47

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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.....

*C. J. Lorberg*  
.....  
Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, 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.**