

No. 2  
2-45  
17-39  
EX-1070

FILED AUG 5 1947

State File No. ....

Registration District No. 101

Primary Registration District No. 5445

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Douglas - Wood Twp  
 (b) City or town MOUNTAIN GROVE  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
NONE  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution NO  
 (Specify whether years, months or days)  
 In this community 50 years

3. (a) PRINT FULL NAME PHILAS HENRY HOUSLEY  
 3. (b) If veteran, NO name war  
 3. (c) Social Security No. NO

4. Sex MALE 5. Color of race WHITE  
 6. (a) Single, widowed, married, divorced MARRIED  
 (b) Name of husband or wife Eliza Housley  
 6. (c) Age of husband or wife if alive 29 years  
 7. Birth date of deceased April 29 1872  
 (Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 15  
 If less than one day hr. min.

9. Birthplace Campbell County Tennessee  
 (City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business  
 12. Name TOM HOUSLEY  
 13. Birthplace TENNESSES  
 (City, town, or county) (State or foreign country)  
 14. Maiden name MIRRA Mc GRAW  
 15. Birthplace Tennessee  
 (City, town, or county) (State or foreign country)

16. (a) Informant Eliza Housley  
 (b) Address Mtn Grove MO

17. (a) BURIAL (b) Date thereof 7/17/47  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Clifty Hall Cemetery

18. (a) Signature of funeral director Russell Barber

(b) Address Mtn Grove Mo.  
 19. (a) 8-13-47 (b) Vestal Bushman  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34  
 (c) City or town MTN GROVE  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. RURAL  
 (If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14  
 year 1947 hour 11 P.M. minute 00 M.

21. I hereby certify that I attended the deceased from 6/11-47  
 to 7/14-47  
 that I last saw him alive on 7/14-47  
 and that death occurred on the date and hour stated above.

Immediate cause of death Parenchymatous Nephritis  
 Duration

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 R.A. Repass (M. D. or other)  
 Address Mountain Grove, Mo. Date signed 7/26-47

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

MOTHER, FATHER

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. 453  
working under my personal supervision.

Signed R. W. Bueh  
Licensed Embalmer No. 3868  
P. O. Address July, Home St

**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.**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. Aug  
Registrar's No. 398

Registration District No. 101

Primary Registration District No. 5415-

1. PLACE OF DEATH:

(a) County Douglas  
(b) City or town Rural, Mt. Laurel  
(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 \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

Oliver H. Housley

(b) If veteran, name war \_\_\_\_\_

(c) Social Security No. \_\_\_\_\_

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased \_\_\_\_\_  
(Month) (Day) (Year)

8. AGE:

Years 75

Months \_\_\_\_\_

Days \_\_\_\_\_

If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_

(Burial, cremation, or removal)

(b) Date thereof \_\_\_\_\_

(Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) Aug 3-47

(Date received local registrar)

(b) Wesley Bushman

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH:

Month \_\_\_\_\_ Year 1947 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above. Immediate cause of death \_\_\_\_\_

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 \_\_\_\_\_

(M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_

Date signed \_\_\_\_\_

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

SUPPLEMENTARY

23829