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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26829**
Registration District No. **42** Primary Registration District No. **1000** Registrar's No. **970**

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: State Hospital no. 2
(d) Length of stay: 2 months 8 days
In this community 55 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 1313 N. 10th
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME MAZIE P. HOUK.
3. (b) If veteran, name war No **3. (c) Social Security No.** None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 8 day 10 year 1947 hour 6 minute 10 P.M.

4. Sex Female **5. Color or race** White **6. (a) Single, widowed, married, divorced, widowed** 2 divorced, widowed
6. (b) Name of husband or wife Robert S. Houk **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased 3-11-1876

21. I hereby certify that I attended the deceased from 7-8-1947 to 8-9-1947
that I last saw her alive on 8-9-1947 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>4</u>	<u>29</u>	hr. min.

Immediate cause of death Bronchio pneumonia **Duration** 3 days
Due to arterio sclerosis 20 years

9. Birthplace Lewis Center Ohio

Due to _____
Other conditions Psychosis **7 years**
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

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

11. Industry or business Housewife

12. Name David E. Morgan **13. Birthplace** Cardiff Wales

14. Maiden name Cornelia Gluck **15. Birthplace** Line Wolf Michigan

16. (a) Informant W. H. Morgan

(b) Address 2224 Ashland St. Joseph Mo

17. (a) Burial **(b) Date thereof** 8/13/47
(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Heaton Bowman
(b) Address St. Joseph Mo.

19. (a) 8-14-47 **(b) G. L. Jenkins**
(Date received local registrar) (Registrar's signature)

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

While at work? _____
(Specify type of place) _____
(c) Means of injury 0

23. Signature Faurest Thomas (M. D. or other) _____
Address State Hospital no. 2 **Date signed** 8-10-47

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 *Eugene Wood*

Licensed Embalmer No. *3804*

P. O. Address *319 So 10th St. Joplin, 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.