

S. No. 2
-11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 26 1947
Registration District No. 386

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30142
Registrar's No. 143

Primary Registration District No. 6225

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

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Nevada
(c) Name of hospital or institution: State Hosp 3
(d) Length of stay: In hospital or institution 7 yrs 2 mo 21 da
In this community 7 years 2 mo 21 days

3. (a) PRINT FULL NAME GRACE-HOUCK
8. (b) If veteran, name war no
8. (c) Social Security No. none

4. Sex female **5. Color or race** wh **6. (a) Single, widowed, married, divorced** single
6. (b) Name of husband or wife none **6. (c) Age of husband or wife if alive** — years

7. Birth date of deceased Dec 9 1882
(Month) (Day) (Year)

8. AGE: Years 64 Months 8 Days 9 If less than one day — hr. — min.

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

10. Usual occupation music teacher

11. Industry or business none
12. Name Joseph Houck
13. Birthplace unknown Michigan
14. Maiden name Clara H. Hard
15. Birthplace Haverhill Ohio

16. (a) Informant Records State Hosp 3
(b) Address Nevada, Mo

17. (a) Burial Burial **(b) Date thereof** Aug 20 1947
(c) Place: burial or cremation Wake Cemetery, Lamar, Mo.

18. (a) Signature of funeral director Kanantz Funeral Home
(b) Address Lamar, Mo.

19. (a) 8-20-47 **(b) Nathun Yancy**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
Date Mo (b) County Barton
(c) City or town Lamar
(d) Street No. unknown
(e) If foreign born, how long in U. S. A. no years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 18
year 1947 hour 6 minute 30 P M.

21. I hereby certify that I attended the deceased from July 28 1940 to Aug 18 1947
that I last saw her alive on Aug 18 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of right breast (50) with metastases to lungs
Due to to lungs

Due to _____
Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Rt breast removed on May 5, 1945 - cancer
Of operations _____
Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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? _____

23. Signature Paul L Barone **(M. D. or other)** _____
Address State Hosp 3 **Date signed** Aug 18 1947

RECEIVED
District Health Officer No. 7
District File Number 7-47-1003
Date Filed 8-25-47

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

Frank W. Denton

Registered Apprentice No. *7*

working under my personal supervision.

Signed

Earl F. Konantz

Licensed Embalmer No. *2247*

P. O. Address *Lamar, 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, above space should be left blank.