

FILED DEC 6 1947  
Registration District No. **278**

Primary Registration District No. **3054**

Registrar's No. **121**

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

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Louisiana  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Pike Co. Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Weeks  
(Specify whether years, months or days)

In this community 2 Weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike

(c) City or town Rural Bowling Green  
(If outside city or town limits, write "RURAL")

(d) Street No. RFD # 4  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 24  
year 1947 hour 12 minute 00 P.M.

21. I hereby certify that I attended the deceased from 11-17, 1947 to 11-24, 1947.  
that I last saw h.er alive on 11-24, 1947.  
and that death occurred on the date and hour stated above.

Immediate cause of death Choleangitis  
Cholecystitis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 20  
(Include pregnancy within 3 months of death)

Major findings: Cholecystitis  
Cholelithiasis

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME IDA MAY HOUCHIN

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

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married widowed  
2 divorced \_\_\_\_\_

6. (b) Name of husband or wife George Houchin 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 1 1867  
(Month) (Day) (Year)

8. AGE: Years 80 Months 8 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Jacksonville Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housekeeping

12. Name Daniel Walkley

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

14. Maiden name Matilda McDougall

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

16. (a) Informant Mrs. Arnold Houchin

(b) Address Louisiana, Missouri

17. (a) Burial (b) Date thereof 11/26/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cem.

18. (a) Signature of funeral director Garner & Sterne

(b) Address Louisiana, Missouri

19. (a) 11/26/47 (b) Bernice Collier  
(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) no

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? none  
(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) (a) Means of injury 0

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Louisiana, Missouri Date signed 11-26-47

RECEIVED

District Health Officer No. 10

District File Number 12-47-1666

Date Filed DEC - 5 1947

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.....

Virginia M. Sterne Registered Apprentice No. 491  
working under my personal supervision.

Signed J. B. Sterne

Licensed Embalmer No. 4039

P. O. Address Louisiana, 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.