

1-5-43
5-17-39
X36671

FILED MAR 5 1948
Registration District No. **391**

Primary Registration District No. **4542**

Registrar's No. **5**

1. PLACE OF DEATH:

(a) County Webster

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

(c) Name of hospital or institution:
At Home
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster / 12

(c) City or town Rogersville 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Joel C. Houeland

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

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Addie 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Feb 12 1883
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>	<u>14</u>		hr. _____ min. _____

9. Birthplace Bruner Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Henry Houeland

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

14. Maiden name Burkhart

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

16. (a) Informant Mrs. Emma Kelley (Daughter)

(b) Address Rogersville, Mo.

17. (a) Burial (b) Date thereof MAR 2-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holland Cemetery

18. (a) Signature of funeral director Kelley, Ferrell - Bergman

(b) Address Rogersville, Mo.

19. Mar. 4-48 (Date received local registrar) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26
year 1948 hour 4 minute 20 P.M.

21. I hereby certify that I attended the deceased from and yet
see him until after death 19____

that I last saw him alive on _____, 19____

and that death occurred on the date and hour stated above.

Immediate cause of death From the history Duration _____
Probably coronary thrombosis 2 hrs

Due to unknown

Due to _____

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

Major findings:
Of operations _____ **PHYSICIAN**
Of autopsy _____
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. R. Farthing (M. D. or other) _____
Address Clark mo Date signed 3-1-48

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

AB
BW

MAR 11 1948

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 J. K. Kelley
Licensed Embalmer No. 3334
P. O. Address Fondland 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.