

No. 2
12-45
17-39
X47070

FILED MAR 18 1948

Registration District No. 131

Primary Registration District No. 5469

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Stunby
(b) City or town Rural Franklin Township
(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 Mo (b) County Stunby 40
(c) City or town Rural)
(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 Callie Houce
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Marion Houce 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Jan - 28 - 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 1 9 hr. min.

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

10. Usual occupation Farm wife

11. Industry or business _____

MOTHER FATHER
12. Name Valentine Hein
13. Birthplace Hormann (City, town, or county) (State or foreign country)
14. Maiden name Carolina Han
15. Birthplace Hormann (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Jay Lewis
(b) Address Spickard Mo.

17. (a) Burial (b) Date thereof Mar - 9 - 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or crema North Evans Cem Stunby Co. Mo.

18. (a) Signature of funeral director Scholar's funeral Home
(b) Address Spickard Mo.

19. (a) 3/10/48 (b) Mrs Nathan Cooper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7
year 1948 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Mar 5, 1948, to Mar 5, 1948
that I last saw her alive on Mar 5, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia IDA
Duration _____

Due to _____

Due to _____

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

Major findings:
Of operations _____
Of autopsy 108

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 E W Ewing (M. D. or other)
Address Spickard Mo Date signed 3-8-48

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

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 Ross Wise

Licensed Embalmer No. 3771

P. O. Address. Spickard 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.