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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 7 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16382

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2172

48
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: St. Luke (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether in this community 6 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis 80

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

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

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Fredrich Houchen

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife Eula Ruth ~~Hicks~~

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Feb. 10 1884 (Month) (Day) (Year)

8. AGE: Years 64 Months 3 Days 6 If less than one day hr. min.

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

10. Usual occupation farmer

11. Industry or business

FATHER
12. Name Charles H Houchen
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Schondelmeier
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Eugene Houchen
(b) Address Hughesville Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 18 48 (Month) (Day) (Year)
(c) Place: burial or cremation Houstonia Mo

18. (a) Signature of funeral director Westbrook
(b) Address Houstonia Mo

19. (a) 5-24-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16 year 1948 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from Pathologist, 19; that I last saw h alive on, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Spongioblastoma of brain.

Due to malignant.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 54a

Of autopsy same

Duration

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature E C H Schmidt (M. D. ~~or other~~)

Address St. Luke's Hospital Date signed 16 May 1948

(Licensed Embalmer's Statement on Reverse Side)

JUL 21 1952

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 H. L. Smiley

Licensed Embalmer No. 3987

P. O. Address Housatonic

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.