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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 9 1948 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22840
Registrar's No. 22840-A

Registration District No. _____ Primary Registration District No. 2000

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town SPRINGFIELD
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: SPRINGFIELD BAPTIST HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution HOSP 2WKS 2 DAYS
(Specify whether years, months or days) *same*

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County LAWRENCE 55
(c) City or town MARIONVILLE 2
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME ASHTON HOLLISTER HOUSE

3. (b) If veteran, name war *none* 3. (c) Social Security No. *none*

4. Sex MALE () 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife EMMA HOUSE 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased FEB 28 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	5	26	hr. _____ min.

9. Birthplace WAUCOMA IOWA
(City, town, or county) (State or foreign country)

10. Usual occupation PAINTER & PAPERHANGER

11. Industry or business RETIRED

12. Name HOLLISTER J HOUSE

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

14. Maiden name SARAH HIGGINS
(City, town, or county) (State or foreign country)

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

16. (a) Informant MRS EMMA HOUSE

(b) Address MARIONVILLE MO.

17. (a) BURIAL (b) Date thereof 7/30/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MARIONVILLE MO.

18. (a) Signature of funeral director *J. B. Surridge*

(b) Address MARIONVILLE MO.

19. (a) 8-2-48 (b) *W. Z. Handley*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JULY day 26
year 1948 hour 10 minute 15P.M.

21. I hereby certify that I attended the deceased from July 8 1948 to July 26 1948
that I last saw him alive on July 26 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Cardiac failure
myocardial infarct
Due to *Old coronary insufficiency*
Due to *Hypertrophy of prostate*
Other conditions (include pregnancy within 3 months of death)

Duration
6 hrs
4 hrs

Major findings: *Benign Hypertrophy of prostate*
Of operations *ni*
Of autopsy *ni*

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) _____
(c) Means of injury _____
23. Signature *Robert Glynn* (M. D. or other) *MD*
Address *Springfield* Date signed *7/30/48*

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

MOTHER, FATHER

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.....

William G. Falke....., Registered Apprentice No. 29
working under my personal supervision.

Signed Herman Surri

Licensed Embalmer No. 3072

P. O. Address Marionville

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.