FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 17 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23629

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 29

1. PLACE OF DEATH:
(a) County: Moniteau Co
(b) City or town: California, Mo Walker
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Latham Hospital ()
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether
In this community: Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Moniteau 68
(c) City or town: California, Mo
(If outside city or town limits, write "RURAL")
(d) Street No.: City
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Ella Jane Houk
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Ase Houk
6. (c) Age of husband or wife if alive: 84 years
7. Birth date of deceased: July (Month) 18 (Day) 1881 (Year)

8. AGE: Years	Months	Days	If less than one day
66	11	2	hr. min.

9. Birthplace: Moniteau Co (City, town, or county) Mo () (State or foreign country)
10. Usual occupation: House Wife
11. Industry or business:
MOTHER FATHER
12. Name: John Murray
13. Birthplace: Missouri 0 (City, town, or county) (State or foreign country)
14. Maiden name: Mary Crobs
15. Birthplace: Missouri () (City, town, or county) (State or foreign country)
16. (a) Informant: Herman Peters
(b) Address: 3401 Merrington KCM.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 29 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: City Cemt, California
18. (a) Signature of funeral director: Bowlin Funeral Home
(b) Address: California, Mo
19. (a) 6-28-48 (Date received local registrar) (b) H. R. Poppy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year 1948 hour 4 minute P M.
21. I hereby certify that I attended the deceased from June 24, 1948 to June 27, 1948 that I last saw her alive on June 27, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Labor Pneumonia Of Left Lower Loba — Duration: 3 Days
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death): no
Major findings:
Of operations: no
Of autopsy:

PHYSICIAN — Underline the cause of 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:
23. Signature: Kenyon Latham (M. D. or other)
Address: California Mo Date signed 6-28-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK

RECEIVED
District Health Officer No. 9,
District File Number JUL 16 1948
Date Filed

JUL 28 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 James M. Foley Registered Apprentice No. 219 working under my personal supervision.

Signed Earl R. Bowlin

Licensed Embalmer No. 2126

P. O. Address California, 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.