No. 2
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17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36033

FILED DEC 7 1948

Registration District No. 18

Primary Registration District No. 5368

Registrar's No. 96

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

1. PLACE OF DEATH:
(a) County Davies
(b) City or town Coffey
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: no
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community 88 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Davies 31
(c) City or town Coffey 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. none
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Richard Edwin House
3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nellie
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased February (Month) 10 (Day) 1860 (Year)

8. AGE: Years 88 | Months 9 | Days 10 | If less than one day ..... hr. ..... min.

9. Birthplace Harrison County, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer Retired
11. Industry or business xxx
FATHER
12. Name John D. House
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sallie Butcher
15. Birthplace Ohio
(City, town, or county) (State or foreign country)
16. (a) Informant Clifford House
(b) Address Bethany, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-22-'48 (Month) (Day) (Year)
(c) Place: burial or cremation Coffey, Mo.
18. (a) Signature of funeral director M. B. Haas
(b) Address Bethany, Mo.
19. (a) 29 Nov. 1948 (Date received local registrar) (b) Virginia M. Engelhart (Registrar's signature) 81

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20
year 1948 hour 3 minute 30 P M.
21. I hereby certify that I attended the deceased from 1940
..... 19..., to Nov 20, 1948
that I last saw him alive on Nov 20, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	10 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 2
23. Signature Dr. B. Baumgarten (M. D. or other) 00
Address Coffey, Mo. Date signed 11/22/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 M. B. Haas
M. B. Haas.
Licensed Embalmer No. 3899
P. O. Address Bethany, 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.