

FILED MAY 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13106

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 153

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

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		d. STREET ADDRESS (If rural, give location) <u>1407 Laurel St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1407 Laurel St</u>		d. STREET ADDRESS (If rural, give location) <u>1407 Laurel St</u>	
3. NAME OF DECEASED a. (First) <u>Frank</u> b. (Middle) _____ c. (Last) <u>House</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 26 - 49</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>5</u>	8. DATE OF BIRTH <u>12-15-1896</u>
9. AGE (In years last birthday) <u>23</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Pike Co MO</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Buck House</u>		13b. MOTHER'S MAIDEN NAME _____	
13c. FATHER'S NAME _____		13d. MOTHER'S MAIDEN NAME _____	
14. NAME OF HUSBAND OR WIFE <u>Kathie House</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Irma Wheeler</u> ADDRESS <u>Hannibal, Mo.</u>	
18. NO. OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myo Carditis</u> ANTECEDENT CAUSES DUE TO (b) <u>Mitral Insufficiency</u> DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR _____		22. I hereby certify that I attended the deceased from <u>4-18</u> , 19 <u>49</u> , to <u>4-26</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4-26</u> , 19 <u>49</u> , and that death occurred at <u>11:50 P. M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Dr. G. W. Fox</u> (Degree or title)		23b. ADDRESS <u>Hannibal Mo</u>	
23c. DATE SIGNED <u>4-28-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) _____	
24b. DATE <u>4-30-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Robinson Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Hannibal Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo E Roberts</u> ADDRESS <u>Hannibal</u>	
DATE REC'D BY LOCAL REG. <u>5-3-49</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke</u>	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Geo E Roberts

Signed _____
Student Embalmer

Licensed Embalmer No. 2113

P. O. Address Hannibal 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.