

FILED APR 7 1945  
Registration District No. \_\_\_\_\_

Primary Registration District No. 3023 428

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

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution: 502 Colorado Street, /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 years  
(Specify whether years, months or days)

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(c) City or town 502 Windsor  
(If outside city or town limits, write "RURAL")

(d) Street No. 502 E. Colorado  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ira Houk

3. (b) If veteran, name war World War I

3. (c) Social Security No. 486-03-6598

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February, day 20th  
year 1945 hour 1 minute 10 a. m.

4. Sex Male (1) 5. Color or race White

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

6. (b) Name of husband or wife Cora Wickham

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased July 20, 1891  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 17, 1945 to Feb. 18, 1945, and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>53</u>	<u>7</u>	<u>0</u>	_____ hr. _____ min.

Immediate cause of death Myocardial Heart Disease

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace Lincoln, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Service Station operator  
Oil & Gas service station

Other conditions (include pregnancy within 3 months of death) None

Major findings: Of operations None

Of autopsy None

11. Industry or business \_\_\_\_\_

12. Name William Houk

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

14. Maiden name Ann Vandoozer

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

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? \_\_\_\_\_

16. (a) Informant Mrs. Cora L. Houk

(b) Address Windsor, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Feb. 21 1945  
(Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Hinton Turner

(b) Address Windsor, Mo.

19. (a) March 9 1945 (Date received local registrar) (b) W. A. Pluckhorne Deputy Registrar's signature

23. Signature W. A. Pluckhorne (M. D. or other) MD

Address Windsor, Mo. Date signed 2-27-45

13910

APR 11 1945

RECEIVED

District Health Officer No. 7;

District File Number 2-45-259

Date Filed 4-6-45

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 *W. M. Huston*

Licensed Embalmer No. 3391

P. O. Address *Wilmington*

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.