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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 20 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17250
State File No.

Registration District No. 137 Primary Registration District No. 5513 Registrar's No. 114

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Leesville Twp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Henry 42
(c) City or town Clinton Rural Rt 2 (If outside city or town limits, write "RURAL")
(d) Street No. Leesville Twp (If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Maude D. Houk
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wm A Houk
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased March (Month) 20 (Day) 1882 (Year)

8. AGE: Years	Months	Days	If less than one day
65	1	20	hr. min.

9. Birthplace Henry Co. (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer Housewife
11. Industry or business
FATHER 12. Name Wm R. Smith
13. Birthplace (City, town, or county) Indiana (State or foreign country)
MOTHER 14. Maiden name Mary Green
15. Birthplace (City, town, or county) Indiana (State or foreign country)
16. (a) Informant Wm A. Houk
(b) Address Clinton, Mo Rt 2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-12-47 (Month) (Day) (Year)
(c) Place: burial or cremation Parks Chapel Cemetery
18. (a) Signature of funeral director H. L. Vansant
(b) Address Clinton Mo
19. (a) 5-12-47 (Date received local registrar) (b) R R Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 year 47 hour 8:45 minute P. M.
21. I hereby certify that I attended the deceased from 1946, 19 , to May 10, 1947, that I last saw her alive on May 4, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Debilitation with Lobar Pneumonia — Duration
Due to Fracture of hip
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 42
(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 Gus S Wetzel (M. D. or other) D.O.
Address Clinton Mo Date signed May 11 '47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 4-47-521
Date Filed 5-19-47

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 H. L. Canaan

Licensed Embalmer No. 3779

P. O. Address Clinton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. ______ JUN 4 1947

Registration District No. 137 Primary Registration District No. 5513 Registrar's No. 114

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

SUPPLEMENTARY

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

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

3. (a) PRINT FULL NAME Maude D. Houk
3. (b) If veteran, name war 3. (c) Social Security No.
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive
7. Birth date of deceased March 2 1882 (Month) (Day) (Year)
8. AGE: Years 65 Months 1 Days If less than one day hr. min.
9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Day 20 year 1947 hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.
Immediate cause of death — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 1864 17 19
Major findings:
Of operations
Of autopsy

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) accident
(b) Date of occurrence 3/15/47
(c) Where did injury occur? Home R7D (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? farm home (Specify type of place)
While at work? yes (e) Means of injury fracture
23. Signature Geo. Sheetz ? (M. D. or other) M.D.
Address 105 E Ohio Clinton Mo Date signed 6/10/47

FILED

17250