

FILED MAY 11 1945

Registration District No. 1

Primary Registration District No. 3028

Registrar's No. 80

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 1903 S. Garrison Ave. A
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 45 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 1903 S. Garrison Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country - - -

3. (a) PRINT FULL NAME William J. Houser

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marguerite Houser 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased February 27 1874
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>1</u>	<u>8</u>	hr. min.

9. Birthplace Montgomery County Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Veterinarian

11. Industry or business

12. Name Jacob A. (Chas.) Houser

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

14. Maiden name Mary Hefley

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

16. (a) Informant Mrs. W. J. Houser

(b) Address 1903 S. Garrison, Carthage

17. (a) Removal (b) Date thereof Apr. 8, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbus, Kansas

18. (a) Signature of funeral director Knell Mortuary Carthage, Missouri

(b) Address Carthage, Missouri

19. (a) April 6 '45 (b) E. Elizabeth Couplin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5 year 1945 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 1943 to 4-11 1945 that I last saw him alive on March 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration

Due to Hypertension

Due to Arteriosclerosis

Other conditions Arthritis
(Include pregnancy within 3 months of death)

Major findings: Of operations gsw

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)

(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?

While at work? (Specify type of place) (e) Cause of injury gsw

23. Signature W. Russell Smith M. D. or other M.D.

Address Carthage, Mo Date signed 4-6-45

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

19
1
3

45-4-387

JUN 29 1945

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.....

Emin R. Street

Licensed Embalmer No.

391

P. O. Address.....

Cochran

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.