

National Office of Vital Statistics  
**FILED APR 20 1948**  
Registration District No. ....

Primary Registration District No. **5519**

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

**1. PLACE OF DEATH:**

(a) County... **Henry**

(b) City or town... **Rural White Oak**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**at home 5 1/2 mi SW on RR 2, Union Mo.**  
(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... **1 yr.**  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State... **Mo**

(b) County... **Henry**

(c) City or town... **Rural**  
(If outside city or town limits, write "RURAL")

(d) Street No. **5 1/2 mi SW on RR 2, Union Mo.**  
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country.....

**3. (a) PRINT FULL NAME** **HAROLD HOUK**

3. (b) If veteran, name war... **—**

3. (c) Social Security No. **—**

4. Sex... **MO**

5. Color or race... **W**

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

6. (b) Name of husband or wife... **Ruby L. Houk**

6. (c) Age of husband or wife if alive... **43** years

7. Birth date of deceased... **Dec 6 1906**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<b>41</b>	<b>4</b>	<b>7</b>	hr. min.

9. Birthplace... **Yakima Washington**  
(City, town, or county) (State or foreign country)

10. Usual occupation... **Farmer**

11. Industry or business.....

12. Name... **John Wesley Houk**

13. Birthplace... **Henry Co Mo**  
(City, town, or county) (State or foreign country)

14. Maiden name... **Dollie Barber**

15. Birthplace... **Polk Co Mo**  
(City, town, or county) (State or foreign country)

16. (a) Informant... **Mrs Ruby Houk**

(b) Address... **RR 2, Union Mo.**

17. (a) **Burial** (b) Date thereof... **4-15-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... **Warrior Cemetery**

18. (a) Signature of funeral director... **Fred Wilkinson**

(b) Address... **Clinton Mo**

19. (a) **4-14-1948** (b) **R. P. Kennedy**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month... **4** day... **13**  
year... **1948** hour... **9** minute... **30 P.M.**

21. I hereby certify that I attended the deceased from **May 12**  
19**48**, to **May 9, 1948**  
that I last saw him alive on **May 9, 1948**  
and that death occurred on the date and hour stated above.

Immediate cause of death... **Coronary Occlusion 1/2 hr.**

Due to.....

Due to.....

Other conditions... **Hypertension**  
(Include pregnancy within months of death)

Major findings:  
Of operations.....

Of autopsy... **940**

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... **Car**

23. Signature... **R. P. Hallinguard**  
Address... **Clinton Mo** Date signed **4/14/48**

Duration **6 years**

**PHYSICIAN**

Underline the cause of which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 3-48-419

Date Filed 4-19-48

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 \_\_\_\_\_

*W. R. Beavis, Jr.*

Registered Apprentice No. 517

working under my personal supervision.

Signed

*Fred Wilkinson*

Licensed Embalmer No. 2478

P. O. Address Clinton 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.