

FILED JUL 17 1948

Registration District No. 224

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3046

State File No. 23629

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Moniteau Co
 (b) City or town California, Mo Walker
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Latham Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Life
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau 68
 (c) City or town California, Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. City
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Ella Jane Houk3. (b) If veteran, No
name war.....3. (c) Social Security No. No

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Ase Houk
 6. (c) Age of husband or wife if alive 84 years
 7. Birth date of deceased July 18 1881
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 11 2 hr. min.

9. Birthplace Moniteau Co MO
 (City, town, or county) (State or foreign country)
House Wife

10. Usual occupation.....

11. Industry or business.....

12. Name John Murray
 13. Birthplace Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Cross
 15. Birthplace Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Herman Peters
 (b) Address 3401 Mississippi St. Mo.

17. (a) Burial (b) Date thereof June 29, 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation City Cent, California

18. (a) Signature of funeral director Bowlin Funeral Home
 (b) Address California, Mo

19. (a) 6-28-48 (b) H.R. Poppey
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
 year 1948 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from June 24
 1948, to June 27 1948
 that I last saw h. or alive on June 27 1948;
 and that death occurred on the date and hour stated above.

Immediate cause of death
Labor Pneumonia Of Left
Lower Loba

Due to.....
 Due to.....

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

Major findings:
 Of operations.....

Of autopsy.....

Duration
3 Day

PHYSICIAN

Underline
 the cause of
 which death
 should be
 charged sta-
 tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
 (b) Date of occurrence.....

Where did injury occur?.....
 (City or town) (County) (State)

(c) 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 1

23. Signature Kemp Latham (M. D. or other)
 Address California Mo Date signed 6-28-48

WRITE PLAINLY—USING UNFADING BLACK INK

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File No. _____
Date Filed JUL 16 1948

JUL 28 1948

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.....

Janice M. Juley..... Registered -Apprentice No. 219
working under my personal supervision.

Signed Earl R. Boulton.....

Licensed Embalmer No. 2126.....

P. O. Address Calsonia, Ill......

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.