S. No. 2
OM—8-43
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 26 1945

State File No. 40282 / 234

Registration District No. 224   Primary Registration District No. 5746   *Registrar's No.* 234

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

1. PLACE OF DEATH:

(a) County Moniteau Co

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

(c) Name of hospital or institution California. Mo. Rt #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution

In this community Life
years, months or days   (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri   (b) County Moniteau

Rural

(c) City or town California, Mo, Rt #1
(If outside city or town limits, write "RURAL")

(d) Street No. California, Mo, Rt #1
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Sherman Houchin

3. (b) If veteran, name war No

3. (c) Social Security No. No

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

6. (b) Name of husband or wife

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

7. Birth date of deceased March 17 1865
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	0	6	_____ hr. _____ min.

9. Birthplace Moniteau Co   Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER {
12. Name William Houchin

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

MOTHER {
14. Maiden name Cinthy Hutchinson

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

16. (a) Informant William D Houchin

(b) Address California, Mo. Rt #1

17. (a) Burial   (b) Date thereof Mar. 25 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

Hutchinson Cemt

(c) Place: burial or cremation

18. (a) Signature of funeral director Bowlin Funeral Home

(b) Address California, Mo.

19. (a) 3-25-45 (b) _____
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month March day 23rd year 1945 hour 2 minute 10 a. M.

21. I hereby certify that I attended the deceased from March 22 1945 to March 23 1945

that I last saw h____ alive on March 23 1945

and that death occurred on the date and hour stated above.

Immediate cause of death Acute Lobar Pneumonia   Duration 5 days

Due to

Due to

Other conditions Hemiplegia   2 years
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____   108

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?

(Specify type of place)

While at work? _____   (c) Means of injury

23. Signature J. C. Bush Jr   (M. D. or other)

Address California, Mo.   Date signed 3/28/45

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(Licensed Embalmer's Statement on Reverse Side)

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 _me_ ....

...., Registered Apprentice No..........................

working under my personal supervision.

Signed...._Earl R. Bowlin_....

Licensed Embalmer No...._2126_....

P. O. Address._California_....

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.