

S. No. 2
M-243
5-17-39
SI X35697

24391

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 73

Registration District No. 234 Primary Registration District No. 5796

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

1. PLACE OF DEATH:
Moniteau Co
(a) County
(b) City or town Rural, Walker
(c) Name of hospital or institution:
Latham Star Rt. California, Mo.
(d) Length of stay: In hospital or institution. Life
In this community Life

2. USUAL RESIDENCE OF DECEASED:
Missouri
(a) State (b) County Moniteau
(c) City or town Rural
(d) Street No. Latham Star Rt. California
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME William David Houchin
3. (b) If veteran, No
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 26
year 1946 hour 10/30 minute A.M.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 22 1863

21. I hereby certify that I attended the deceased from July 26 to July 26, 1946
that I last saw him alive on July 26, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 83 Months 4 Days 4
If less than one day hr. min.

Immediate cause of death: Cerebral hemorrhage
Due to: Fractured skull.
Due to: Fall onto cement steps
Other conditions: (Include pregnancy within 3 months of death)

9. Birthplace Moniteau Co
10. Usual occupation Farmer

Major findings: Of operations: 1860
Of autopsy: 18

11. Industry or business
12. Name Wm Houchin
13. Birthplace West Virginia
14. Maiden name Synthia Hutchinson
15. Birthplace Missouri

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence July 26, 1946
(c) Where did injury occur? Moniteau, MO
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on farm

16. (a) Informant Frank Houchin
(b) Address Jefferson City, Mo.
17. (a) Burial (b) Date thereof July 28, 1946
(c) Place: burial or cremation Houchin Cemt.

While at work? No
23. Signature: [Signature] M.D. or other
Address: California Date signed 7/26/46

18. (a) Signature of funeral director Bowlin Funeral Home
(b) Address California, Mo.
19. (a) 7-27-46 (b) [Signature]

RECEIVED
District Health Officer No. 9
District File Number 8-46-112
Date Filed 8-8-46

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, 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.