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1-12-45  
7. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED AUG 25 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **26829**  
Registration District No. **42** Primary Registration District No. **1000** Registrar's No. **970**

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

**1. PLACE OF DEATH:**  
(a) County Buchanan  
(b) City or town St. Joseph  
(c) Name of hospital or institution: State Hospital no. 2  
(d) Length of stay: 2 months 8 days  
In this community 55 years

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(d) Street No. 1313 N. 10th  
(e) Citizen of foreign country? No.

**3. (a) PRINT FULL NAME** MAZIE P. HOUK  
**3. (b) If veteran, name war** No  
**3. (c) Social Security No.** None

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month 8 day 10  
year 1947 hour 6 minute 10 P.M.

**4. Sex** Female **5. Color or race** White  
**6. (a) Single, widowed, married, divorced, widowed**  
**6. (b) Name of husband or wife** Robert S. Houk  
**6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** 3-11-1876

**21. I hereby certify that I attended the deceased from** 7-8-1947 to 8-9-1947  
that I last saw her alive on 8-9-1947  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>4</u>	<u>29</u>	_____ hr. _____ min.

Immediate cause of death Bronchio pneumonia **Duration** 3 days  
Due to arterio sclerosis 20 years

**9. Birthplace** Lewis Center Ohio

Due to \_\_\_\_\_  
Other conditions Psychosis **7 years**  
(Include pregnancy within 3 months of death)

**10. Usual occupation** Housewife

**PHYSICIAN**  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

**11. Industry or business** Housewife

**12. Name** David E. Morgan  
**13. Birthplace** Cardiff Wales

**14. Maiden name** Cornelia Gluck  
**15. Birthplace** Lime Wolf Michigan

**16. (a) Informant** W. H. Morgan

**(b) Address** 2224 Ashland St. Joseph Mo

**17. (a) Burial** (b) Date thereof 8/13/47  
(c) Place: burial or cremation Ashland Cemetery

**18. (a) Signature of funeral director** Heaton Bowman  
(b) Address St. Joseph Mo.

**19. (a) 8-14-47** (b) L. L. Jenkins  
(Date received local registrar) (Registrar's signature)

**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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury 0

**23. Signature** Faurest Ferguson (M. D. or other) \_\_\_\_\_  
Address State Hospital no. 2 Date signed 8-10-47

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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 Eugene Wood .....

Licensed Embalmer No. 3804 .....

P. O. Address 319 So 10th St. Joplin, 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.**