

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

33157

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kan. Primary Registration District No. 1002
 City Kansas City (No. St. Luke's Hospital St. _____ Ward _____)
 File No. _____
 Registered No. 4453

2. FULL NAME Willard E. House

(a) Residence No. 533 Crescent St. _____ Ward _____
 (Usual place of abode) mt. Washington (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 10 yrs. _____ mos. _____ ds. How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Minnie House

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 3 - 1890

7. AGE YEARS 33 MONTHS 1 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Station Engineer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Camden
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Joe. R. House

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Carolyn Dailey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Mo.

14. INFORMANT Mrs. Minnie House
 (Address) 533 Crescent

15. FILED 11/17 1923 M. M. Krause
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 16 1923

17. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1923, to Nov 16, 1923 that I last saw him alive on Nov 16, 1923 and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Dilatation of heart 11/17

CONTRIBUTORY (SECONDARY) Appendicitis and Cholecystitis (duration) _____ yrs. _____ mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED Unknown
 IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Nov 18 - 23

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
 (Signed) Joe. R. House, M. D.

(Address) Kansas City Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL mt. Washington DATE OF BURIAL Nov. 19 1923

20. UNDERTAKER W. H. Newcomer's Sons ADDRESS K. C. Mo