CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D OCT 15 1938

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

Do not use this space 31363

1. PLACE OF DEATH
(a) County Jackson
(b) Township Kaw
(c) City Kansas City
(d) Street No. 5808 Virginia St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 399
Primary Registration District No. 1002
Registered No. 3660

2. PRINT FULL NAME MR. Antone Houston
(a) Residence, No. 5808 Virginia St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): WIDOWED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: EDNA MAY HOUSTON
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 25, 1867
7. AGE: YEARS 71, MONTHS 0, DAYS 23 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: RETIRED
9. Industry or business in which work was done, as saw mill, bank, etc.: MONKEY WARD
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation: 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): JOHN R HOUSTON DELEWARE

FATHER
13. NAME: John R HOUSTON
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " DELEWARE

MOTHER
15. MAIDEN NAME: ELIZEBETH WOOLSEY
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): DELEWARE

17. INFORMANT (ADDRESS): John R. Houston 5808 Virginia
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Moriah DATE: Sept 20 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): D W Newcomer's Sons Brushcreek + Paseo.
20. FILED: Sept 17 1938 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9-18, 1938
22. I HEREBY CERTIFY, That I attended deceased from ....., 1925, to 9-18, 1938
I last saw ~~him~~ alive on 9-17, 1938. Death is said to have occurred on the date stated above, at 9:50 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio-vascular disease	?
9502	

Other contributory causes of importance:

Ventricular fibrillation	9/18/38
Acute oedema of lungs	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Richard G Hilman M.D.
(Address) 1420 Prof Bldg

(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 .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No. 3976

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.