

REC'D JUL 17 1939

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

22577

Do not use this space.

1. PLACE OF DEATH

(a) County Linn Registration District No. 488
(b) Township Bucklin Primary Registration District No. 4301
(c) City Bucklin (d) Street No. _____
(If death occurred in Hospital or Institution, write its name (instead of street and number) St. _____
(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.

2. PRINT FULL NAME NANCY LEE HOUSTON

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7. M. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
0 0 0 0 0 30

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bucklin, Mo

FATHER 13. NAME Isabel Houston
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Quincy Mo

MOTHER 15. MAIDEN NAME Eva West
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warsaw Mo

17. INFORMANT (ADDRESS) Isabel Houston
Bucklin Mo18. BURIAL, CREMATION, OR REMOVAL Masonic Cem. DATE June 28 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Carson Funeral Services
Bucklin, Mo20. FILED 6-28-39 J. L. Cantwell Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h..... alive on _____, 19____. Death is said

to have occurred on the date stated above, at 4:00 p.m.

The principal cause of death and related causes of importance were as follows:

Premature Birth Date of onset 6-29-39Other contributory causes of importance: don't know

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? _____

If so, specify _____

(Signed) J. L. Cantwell, M. D.(Address) Bucklin Mo

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH

RECEIVED

District Health Officer No. 111

District File Number

739-708
JUL 14 1939

Filed

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.

P. O. Address

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, above space should be left blank.