N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

DEC 21 1939

39798
Do not use this space.

1. PLACE OF DEATH
(a) County Howard 2 Registration District No. 379
(b) Township Chariton 1 Primary Registration District No. 4223 Registered No.
(c) City Glasgow (d) Street No. 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. 30 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 320 William M. Houtz
(a) Residence, No. Gilliam Mo. R.F.D. 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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Emma Willis Houtz
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 15 1880
7. AGE: YEARS 59 MONTHS 7 DAYS 28 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Hostler
9. Industry or business in which work was done, as saw mill, bank, etc. Wabash R.R. Co.
10. Date deceased last worked at this occupation (month and year) May 1935
11. Total time (years) spent in this occupation 18 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Worth County Missouri 0

FATHER
13. NAME Fletcher Houtz 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 0

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) William O. Houtz Glasgow Mo.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Glasgow Mo DATE Nov 14 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walker Audsley Glasgow Mo.
20. FILED Nov 15, 1939 J. W. Gardner, M.D. (Sec) Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 12, 1939
22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1939, to Nov 12, 1939
I last saw him alive on Nov 12, 1939. Death is said to have occurred on the date stated above, at 9:55 P.m.
The principal cause of death and related causes of importance were as follows:
Chronic Valvular Heart
Chronic Interstitial Nephritis
(Phlebitis)
Date of onset
Other contributory causes of importance: 1 B 1
Name of operation none Date of
What test confirmed diagnosis? Clinical 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) W B Kilcher, M. D.
340 (Address) Glasgow, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 1/22/39

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, ...
J. Walker Audsley, or by .....

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

Signed J. Walker Audsley

Licensed Embalmer No. 3336

P. O. Address Glasgow 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, above space should be left blank.