

REC 18

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

40944
Do not use this space.

1. PLACE OF DEATH

(a) County Schuyler Registration District No. 805
(b) Township Stenwood Primary Registration District No. 4482 Registered No. _____
(c) City Stenwood mo (d) Street No. _____ 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

235 James LeRoy Houston
(a) Residence, No. _____ St. (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 Lillie Houston

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 27, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 7 1

OCCUPATION 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. farmer
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) Omaha mo

FATHER 13. NAME Geo. W. Houston

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) va

MOTHER 15. MAIDEN NAME Martha Caldwell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) va

17. INFORMANT (ADDRESS) Alfred Houston
Stenwood mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Stenwood mo DATE Nov 29 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Moreheads
Lancaster mo

20. FILED Dec 12 1939 Brydick Drake
Deputy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 28 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 20 1939, to Nov 28 1939
I last saw him alive on Nov 18 1939. Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:
apoplexy
Date of onset _____

Other contributory causes of importance:
Gangrene left foot & leg

Name of operation leg amputated Date of Nov 11 39
What test confirmed diagnosis? none Was there an autopsy? no

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 no injury
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If no, specify _____ (Signed) A. L. Johnson M. D.

(Address) Stenwood mo

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.

RECEIVED

District Health Officer No. 10

District File Number 12-39-2216

Date Filed DEC 13 1939

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,

Moreheads

, or by

Registered Apprentice No., working under my personal supervision.

Signed Moreheads

Licensed Embalmer No. 3680-3731

P. O. Address Lancaster, 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.