

FILED FEB 6 1940

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

3436
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson 2 Registration District No. 718
 (b) Township Jackson 0 Primary Registration District No. 5-949
 (c) City _____ (d) Street No. _____ Registered No. 38
 (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. 9 How long in U. S., if of foreign birth? yrs. mos. ds. _____

2. PRINT FULL NAME Anna Jane Houston
 (a) Residence, No. 235 James 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank M. Houston

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 29 1870

7. AGE YEARS 69 MONTHS 1 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 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) Iron Rapids, Iowa

FATHER 13. NAME William N. Dorsett
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago, Ill

MOTHER 15. MAIDEN NAME Nancy Honor Hall
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Frank M. Houston
Remora Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jackson Cem DATE Jan 7 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) F. D. Houston
Unionville Mo

20. FILED Jan 7 1940 W. C. Gilliam
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6 1940

22. I HEREBY CERTIFY that I attended deceased from May 1939 to Jan 6 1940
 I last saw her alive on Nov 26 1939 Death is said to have occurred on the date stated above, at 1:45 P.M.
 The principal cause of death and related causes of importance were as follows:
Cancer of Uterus Date of onset 12/14/39

Other contributory causes of importance: 45

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. Neal Martin M. D.
 (Address) Unionville 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 No. ²⁻⁴⁰⁻²⁷⁷

Date Filed FEB 5 1940

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,

Murl E. Husted

, or by

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

Signed

Murl E. Husted

Licensed Embalmer No.

3504

P. O. Address

Amosville 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.