

Registration District No. 718

Primary Registration District No. 5948

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Putnam  
(b) City or town Rural - Wilson  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2  
(Specify whether

In this community 2  
years, months or days) 0 2 5

8. (a) PRINT FULL NAME ABRON-McPIKE HOUSTON

8. (b) If veteran, name war / 3. (c) Social Security No. /

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Sarah E. Houston 6. (c) Age of husband or wife if alive 18 5 3 years

7. Birth date of deceased: March - 29 - 1853  
(Month) (Day) (Year)

8. AGE: Years 87 Months 7 Days 22 If less than one day hr. min.

9. Birthplace Pike county MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Thomas Houston

13. Birthplace Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name Bessie Sobley

15. Birthplace Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant J. W. Houston

(b) Address Pullert, Mo

17. (a) (b) Date thereof June 29, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel, Tenn.

18. (a) Signature of funeral director J. C. Roberts  
(b) Address Unionville, MO.

19. (a) June 29, 1940 (b) J. W. Callman  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Putnam

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. Hallowell, Mo - R7D  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? / years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21  
year 1940 hour 10 minute 40 P.M.

21. I hereby certify that I attended the deceased from June 21st, 1940 to June 21, 1940

that I last saw him alive on June 21, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Ampliphia

Due to Chronic nephritis years

Due to Anemia years

Other conditions 121  
(Includes pregnancy within 3 months of death)

Major findings: Of operations /

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) /

(b) Date of occurrence /

(c) Where did injury occur? /  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 645

While at work? / (Specify type of place) (e) Means of injury /

23. Signature J. C. Roberts (M. D. or other) /  
Address Pullert, Mo. Date signed 6/26/40

Duration 2 yr.

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 9-48-1342

Date Filed JUL 8 1947

**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 complete the above constitutes grounds for revocation of license.)**

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