

No. 2
4-13-40
-17-39
K23159

LED AUG 14 1940

Registration District No. 399

Primary Registration District No. 1002

State File No.

Registrar's No. 2996

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
None 1732 Penn
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether years, months or days)
 In this community 25 Years.

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. 1732 Penn Str., K.C. Mo.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME George E. Houchins, 252
 (b) If veteran, name war None
 (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 26th,
 year 1940 hour _____ minute 8:50 P.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 (b) Name of husband or wife Julia M. Houchins, (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb. 16th, 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____ Duration _____

8. AGE: Years 69- Months 5- Days 10 If less than one day _____ hr. _____ min.

Due to Chronic myocarditis
 Due to 936

9. Birthplace Missouri.
(City, town, or county) (State or foreign country)
 10. Usual occupation Parking Station

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business _____
 12. Name No Record
 13. Birthplace No Record.
(City, town, or county) (State or foreign country)
 14. Maiden name No Record.
(City, town, or county) (State or foreign country)
 15. Birthplace No Record.
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Curtis G. Houchins,
 (b) Address 3116 Cleveland Av., K.C. Mo.

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? _____

17. (a) Burial (b) Date thereof July 40
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation shipped to Louisiana, Mo.

While at work _____ Means of injury _____
 23. Signature M. M. Crowe (M. D. or other) _____
 Address K.C. Mo. Date signed _____

18. (a) Signature of funeral director Mrs. C.L. Forster
 (b) Address 918 Brooklyn Avenue, K.C. Mo.
 19. (a) July 28, 1940 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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

Signed L. H. Rice
Licensed Embalmer No. 2550
P. O. Address R. O. Rice

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, fact should be so stated above.