

U. S. No. 2
M-11-10-39
Rev. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **29002**

FILED SEP 23 1940

Registration District No. **501** Primary Registration District No. **566h** Registrar's No. **1**

58
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Princeton (Rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Linn Co. Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 yrs
(Specify whether years, months or days)

In this community 3 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn

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

(d) Street No. _____
(If rural, give location)

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

3. (a) PRINT FULL NAME WILLIAM J. HOUSTON

3. (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 Unknown **6. (c)** Age of husband or wife if alive _____ years

7. Birth date of deceased Apr (Month) 2 (Day) 1864 (yr)

8. AGE: Years 76 Months 4 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Unknown Ill.
(City, town or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business Shop

MOTHER FATHER

12. Name Unknown **9**

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

14. Maiden name Unknown

15. Birthplace Unknown **9**
(City, town, or county) (State or foreign country)

16. (a) Informant J. E. Mahan

(b) Address Princeton, Mo.

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

(c) Place: burial or cremation Buchlin Mo.

18. (a) Signature of funeral director Baron Fungel Semler
(b) Address Buchlin Mo.

19. (a) Aug 28-40 **(b)** W. A. J. Webb
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 28 year 1940 hour 7 minute 45 A. M.

21. I hereby certify that I attended the deceased from June 22, 1937, to Aug 28, 1940
that I last saw h. _____ alive on _____, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3 hrs.

Due to Cerebral Arteriosclerosis 47 yrs.

Due to _____

Other conditions 520
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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? 863

While at work? _____ **(Specify type of place)**

Means of injury _____

23. Signature Robert E. Haley **(M. D. or other)** 1
Address Brookfield **Date signed** 8/29/40

RECEIVED
District Health Officer No. 11
District File Number 940-1402
Date Filed SEP 12 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, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

E. J. Larson

Licensed Embalmer No. 4037

P. O. Address Bucklin, 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.