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FILED SEP 12 1941

State File No. _____

Registration District No. 431

Primary Registration District No. 3023

Registrar's No. 98

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

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 222 W. Market St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 79 yrs _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Chas. H. Houx

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Etchel Houx 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Dec. 28 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 17 If less than one day hr. _____ min. _____

9. Birthplace Johnson Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Blockman

11. Industry or business Pres. Bank

12. Name James Henry Houx

13. Birthplace Johnson Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Wilson

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

16. (a) Informant Edward Houx
(b) Address Warrensburg Mo.

17. (a) Burial (b) Date thereof Aug-17-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Suzette Phillips
(b) Address Warrensburg Mo.

19. (a) Aug 19-1941 (b) Bertie Bentley
(Date received local registrar) (Registrar's signature)
991 (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Warrensburg
(If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15
year 1941 hour 11:30 minute _____ P.M.
21. I hereby certify that I attended the deceased from Oct 1939
_____ 19 _____ to Aug 15 1941;
that I last saw him alive on Aug 15 _____ 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death carcinoma retum Duration 2 yrs

Due to _____
Due to Heart
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: carcinoma retum
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?

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

23. Signature B.F. M... (M. D. or other) MO
Address Warrensburg Mo. Date signed 8/18/41

RECEIVED
District Health Officer No. 8,
District File Number
9-11-41
Date Filed

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.....

Earl Priest....., Registered Apprentice No.....
working under my personal supervision.

Signed *Earl Priest*.....

Licensed Embalmer No. *3878*.....

P. O. Address *Warrensburg*.....

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.