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17-39
X26390

FILED OCT 14 1941
318

Registration District No. _____

Primary Registration District No. **2001**

1. PLACE OF DEATH:

(a) County **GREENE**
(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **St. John's Hosp**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 Days**
(Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**
(c) City or town **Springfield** **Cameron**
(Moving to **Barrow**)
(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 _____

3. (a) PRINT FULL NAME **William .Burton Houston**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive **XX** years

7. Birth date of deceased **Sept 16 40**
(Month) (Day) (Year)

8. AGE: Years **0** Months **II** Days **24** If less than one day _____ hr. _____ min.

9. Birthplace **Cameron Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business _____

MOTHER FATHER { 12. Name **William Edward Houston**
13. Birthplace **JamesPort MO**
(State or foreign country)

14. Maiden name **Blankenship**

15. Birthplace **Springfield MO**
(State or foreign country)

16. (a) Informant **William Edward Houston**

(b) Address **633 W Nichols Cameron, MO**

17. (a) **Burial** (b) Date thereof **Sept 12-41**
(Burial, cremation, or removal) (Month) (Day) (Year)
GreenLawn

(c) Place: burial or cremation **Dunn Funeral Home**

18. (a) Signature of funeral director _____
(b) Address **Springfield MO**

19. (a) **9-12-41** (b) **W. E. Naudley MD**
(Date received local registrar) (Registrar's signature)

784 (Licensed Embalmer) Statement on Reverse Side

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **10**
year **41** hour **I** minute **15** P.M.

21. I hereby certify that I attended the deceased from **9-8-41** 19. to **9-10-41** 19.
that I last saw h. **170** alive on **9-10-41** 19.
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Gastroenteritis & Severe acidosis result of improper feeding**
Due to **feeding** Duration **4 days**

Due to _____
Other conditions (Include pregnancy within 3 months of death) **1190**

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? _____

While at work? _____ (Specify type of place) (e) Means of injury **0**

23. Signature **Eug. J. Schwartz** (M. D. or other) _____
Address **Springfield MO** Date signed **9-13-41**

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

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..... *Lawrence L. Hall*.....

Licensed Embalmer No. *2784*.....

P. O. Address *Springfield, 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, fact should be so stated above.

X