

DEC 8 1941

Registration District No. _____ Primary Registration District No. 1

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Ferksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1206 Osteopathy St. Kirksville, Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 16 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Ferksville Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 1206 S. Osteopathy St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRANKLIN HOUGHTON

3. (b) If veteran, name War 3. (c) Social Security No. 1

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

(b) Name of husband or wife Blanche Houghton 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased Feb 16 1900
(Month) (Day) (Year)

8. AGE: Years 41 Months 9 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Shoe factory employee

11. Industry or business _____

12. Name W. H. Houghton

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

14. Maiden name Angeline Lawson

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

16. (a) Informant Toussaint M. (Clerk)

(b) Address 1206 S. Osteopathy

17. (a) Pulman County (b) Date thereof Nov 12 1941
(Burial, cremation, or removal) (City or town) (County) (State) (Month) (Day) (Year)

(c) Place: burial or cremation Fun Home Cemetery

18. (a) Signature of funeral director W. H. Houghton
(b) Address 1206 S. Osteopathy

19. (a) Nov 22 1941 (b) Opence L. Freeman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19
year 1941 hour 12:00 minute Midnite

21. I hereby certify that I attended the deceased from Oct 30
1941 to Nov 19 1941;
that I last saw him alive on Nov 18 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
Duration 5 yr

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 O. P. Marten (M. D. or other) _____

Address Ferksville Date signed 11/24/41

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 12-41-2098

Date Filed DEC 3 1941

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

Keith Collier

Licensed Embalmer No. 3632

P. O. Address

Kerrville TX

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.