V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 3 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26411

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3218

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4618 East 7th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ----- (Specify whether
In this community 45 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 4618 East 7th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ----- 0

3. (a) PRINT FULL NAME Mr. Walter Perry Houston
3. (b) If veteran, name war No
3. (c) Social Security No. 486-05-4250
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Mrs. Carrie Houston
6. (c) Age of husband or wife if alive 62 yrs years
7. Birth date of deceased January (Month) 31 (Day) 1876 (Year)

8. AGE: Years 66 Months 6 Days ~~27~~ 26 If less than one day hr. min.

9. Birthplace Grain Valley (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Printer - Retired
11. Industry or business The Kansas City Star

FATHER
12. Name Perry D. Houston
13. Birthplace Unknown (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Matilda Ann Parker
15. Birthplace Oak Grove (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Howard V. Houston Son
(b) Address 426 So Lawn KC Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 31, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director O. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 8-28-42 (Date received local registrar) (b) M. M. Grover (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27th year 1942 hour 6 minute 50 A. M.
21. I hereby certify that I attended the deceased from June 1940 19 to Aug 27 1942 that I last saw him alive on Aug 26 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertensive Heart	2 yrs
Due to Hypertension	3 yrs
Due to Chronic Nephritis	3 yrs
Other conditions (Include pregnancy within 3 months of death) 131 B	

Major findings:
Of operations
Of autopsy no

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature R. L. St Clair (M. D. ~~or other~~)
Address Aug 27-42 Date signed

361 (Licensed Embalmer's Statement on Reverse Side) 5242 St John

5242 St. John Avenue

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 C. Hervey Dunsenberry

Licensed Embalmer No. 4070

P. O. Address KC 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.