

FILED DEC 11 1942

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 519

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
 Name of hospital or institution:
St. Johns
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 mo; (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Andris P. Houston
 3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced widower
 6. (b) Name of husband or wife Mary F. Houston. 6. (c) Age of husband or wife if alive 42 years
 7. Birth date of deceased Aug 18, 1866 (Year)

8. AGE: Years 76 Months 3 Days 11 If less than one day
 hr. min.

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

10. Usual occupation retired farmer

11. Industry or business " "

MOTHER FATHER { 12. Name Porter L. Houston
 13. Birthplace No record (City, town, or county) (State or foreign country)
 14. Maiden name no record
 15. Birthplace no record (City, town, or county) (State or foreign country)

16. (a) Informant Will F. Houston

(b) Address 125 N. Wash; Ave; Joplin Mo;

17. (a) Removal (Burial, cremation, or removal) removal (b) Date thereof 11-30-42 (Month) (Day) (Year)

(c) Place: burial or cremation Pryor Okla;

18. (a) Signature of funeral director Hurlbut Und. Co;

(b) Address Joplin Mo;

19. (a) 11-30-42 (Date received local registrar) (b) Arthur D. Dushoff (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 999
 (a) State Oklahoma (b) County 34
 (c) City or town Spavinaw Okla; (If outside city or town limits, write "RURAL") 0
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country No 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 29, 1942; day 29 year 1942 hour 1-30 P. M. minute 0 M.

21. I hereby certify that I attended the deceased from Oct 15 to Nov 29 and that death occurred on the date and hour stated above. 42 42
11-29 1942

Immediate cause of death Carcinoma of the liver.

Other conditions (Include pregnancy within 3 months of death) H6 f

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?

23. Signature J. M. Gray (M. D.)
 Address Joplin Mo Date signed 11/30/42

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

Gray

42-11-981

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

Larry A. Gurland

Licensed Embalmer No.

959

P. O. Address

Joseph H. Neo

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.