V. S. No. 2
0M—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

2764

State File No.

FILED FEB 9 1943

Registration District No. 184 Primary Registration District No. 5688 Registrar's No. 14

58
0
0

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

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Bucklin Tuns
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn 58 0 0

(c) City or town Bucklin
(If outside city or town limits, write "RURAL")

(d) Street No. —
(If rural, give location)

(e) If foreign born, how long in U. S. A.? — 0 years.

3. (a) PRINT FULL NAME JIMMIE LEVERNE HOUSTON

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M

5. Color or race white

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased January (Month) 5 (Day) 1943 (Year)

8. AGE: Years — Months — Days — If less than one day 9 hr. 30 min.

9. Birthplace Bucklin (City, town, or county) 0 (State or foreign country)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name ISHELL HOUSTON
13. Birthplace Bucklin (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name EVA WEST
15. Birthplace Bucklin (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Ishell Houston
(b) Address Bucklin Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 6, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Magnolia Cem.

18. (a) Signature of funeral director Larson Funeral Home
(b) Address Bucklin Mo

19. (a) 1-15-43 (Date received local registrar) (b) W W Cannon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5 year 1943 hour 6 minute 0 A.M.

21. I hereby certify that I attended the deceased from Jan 5, 1943, to Jan 5, 1943 that I last saw him alive on Jan 5, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Premature Birth	8 m
Due to: Difficult Labor	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

159

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 J L Cantwell (M. D. or other)
Address Bucklin Mo. Date signed 1-6-43

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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; above space should be left blank.