. S. No. 2
OM—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5251

FILED MAR 5 1943

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 811

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: General Hospital No. 2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1-5-43-2-11-43 (Specify whether
In this community 23 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. 1718 Euclid
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME WILLIAM HOUSTON

3. (b) If veteran, name war None

3. (c) Social Security No. 490-16-8058

4. Sex Male

5. Color or race 2 Negro

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased November (Month) 24 (Day) 1882 (Year)

8. AGE: Years 60 Months 2 Days 17 ~~18~~ If less than one day hr. min.

9. Birthplace Caldwell (City, town, or county) Texas 1 (State or foreign country)

10. Usual occupation unemployed

11. Industry or business

FATHER
12. Name Thad Houston
13. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Lucy ?
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Record Clerk
(b) Address General Hospital No. 2

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/17/43 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Watkins Bros
(b) Address 1729 Lydia

19. (a) 2-16-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11
year 1943 hour 2:50 minute a. M.

21. I hereby certify that I attended the deceased from January 5, 1943, to February 11, 1943
that I last saw him alive on February 11, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Congestive Heart Failure	
Due to Hypertensive type heart disease	
Due to 93D	
Other conditions (Include pregnancy within 3 months of death)	
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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M.D. or other)

Address Gen. Hosp #2 - 600 E 22 Date signed 2-12-43

(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 Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.