

FILED JUL 17 1943

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 90

1. PLACE OF DEATH: Nodaway  
 (a) County Maryville  
 (b) City or town Maryville  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Armstrong Nursing Home 4  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 month  
 same (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Nodaway  
 (c) City or town Burlington Junction  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. .... (If rural, give location) no  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country 0

3. (a) PRINT L. Adele Hguston  
FULL NAME

3. (b) If veteran, name war ..... 3. (c) Social Security none  
No. ....

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife W.N. Houston 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Oct. 25 1866  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>7</u>	<u>5</u>	hr. .... min.

9. Birthplace Sebastiepol 111 / 1  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business Louis Gillet

12. Name Louis Gillet

13. Birthplace unknown France 5  
(State or county) (State or foreign country)

14. Maiden name Anna E.

15. Birthplace unknown France 5  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emmett Scott  
Maryville Mo.

(b) Address burial 5-11-43

17. (a) (Burial, cremation, or removal) Ohio Cemetery  
(b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Ohio Cemetery

18. (a) Signature of funeral director Police Funeral Home  
Maryville Mo  
(b) Address

19. (a) 6-1-43 (b) Mary Cole  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 30  
year 1943 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from 6/1  
1943 to 5/30 1943  
that I last saw him alive on ..... 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage & an.  
Concomitant status

Due to Hypertension

Due to Senility

Other conditions (Include pregnancy within 3 months of death) 48h

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) (d) Means of injury 0

23. Signature B. F. England (M. D. or other) MD  
Address Maryville Mo Date signed 6/1/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

74  
1  
2

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**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..... *W. H. Lee* .....  
.....  
Licensed Embalmer No. *2539* .....  
P. O. Address *Mayville* .....

**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.**