

No. 2
5-42
17-39
X32873

FILED FEB 7 1944

3002

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
Audrain County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME

Leonard Ulysses Houston.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife
Calista Charity Houston

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased. March 7 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 15
If less than one day
hr. min.

9. Birthplace Nodaway Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business

12. Name John Houston.

13. Birthplace Nodaway Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Margan Orm.

15. Birthplace Nodaway Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Hubert A. Houston.
Address Centralia Mo.

17. (a) Date of death 1-24-1944
(Month) (Day) (Year)

18. (a) Signature of funeral director Margaret Masher

(b) Address Centralia Mo.

19. (a) 1-22-1944 (b) Margaret Masher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Centralia. R.F.D. 5
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 22
year 1944 hour 7:57 minute A. M.

21. I hereby certify that I attended the deceased from
Jan 16 1944 to Jan 22 1944
that I last saw him alive on Jan 21 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Intestinal neoplasia
Hypostatic pneumonia
Due to Atherosclerosis.

Due to
Other conditions
(Include pregnancy within 3 months of death)

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?

23. Signature Frank Kelley (M. D. or other)
Address Mexico, Mo. Date signed 1/22/44

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1074
1-22-1944
MEXICO, MO.
MARGARET MASHER
1-22-1944

RECEIVED

District Health Officer No. 10

District File Number 2-44-246

Date Filed FEB 3 1944

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

[Handwritten Signature]

Licensed Embalmer No.

4213

P. O. Address

[Handwritten 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, fact should be so stated above.