S. No. 2
M—5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1944

Registration District No. 372

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4228

State File No. 14783

Registrar's No. 16

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Howard
(c) City or town: Glasgow (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 .....

3. (a) PRINT FULL NAME: HENRY HOUSTON
3. (b) If veteran, name war: —
3. (c) Social Security No. —
4. Sex: Male
5. Color or race: Black
6. (a) Single, widowed, married, divorced: Mar.
6. (b) Name of husband or wife: Birdie Houston
6. (c) Age of husband or wife if alive: 66 years
7. Birth date of deceased: Jan. (Month) 8 (Day), 1873 (Year)

8. AGE: Years 71 | Months 3 | Days 9 | If less than one day ..... hr. ..... min.

9. Birthplace: Charlton Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business: .....
MOTHER FATHER
12. Name: Unknown
13. Birthplace: " (City, town, or county) 9 (State or foreign country)
14. Maiden name: "
15. Birthplace: " (City, town, or county) 9 (State or foreign country)
16. (a) Informant: Mrs. Birdie Houston
(b) Address: Glasgow Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-19-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Huntsville, Mo
18. (a) Signature of funeral director: K. P. McCray
(b) Address: Glasgow Mo.
19. (a) 4/22/44 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 17 year 1944 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from Dec-1943, 19..., to Apr. 1-17, 1944; that I last saw him alive on Apr. 1-16, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death: MITROL STENOSIS. — Duration
Due to: .....
Due to: .....
Other conditions (Include pregnancy within 3 months of death): 92
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: J. E. Homes (M.D. or other) D.O.
Address: Glasgow Mo. Date signed 4-18-44

1319

(Licensed Embalmer's Statement on Reverse Side)

[illegible] Health Officer No. 8,

District File Number

Date Filed 5-10-44

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 R. P. M. Gary

Licensed Embalmer No. 3153

P. O. Address Glasgow Mo

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.