

FILED NOV 8 1947

Registration District No. _____

Primary Registration District No. **5096**

Registrar's No. **73**

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Rural Mt. Pleasant Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Lydia Gray Houston

3. (b) If veteran, name war: _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife William J. Houston 6. (c) Age of husband or wife if alive 90 years
7. Birth date of deceased May 24 1858
(Month) (Day) (Year)

8. AGE: Years 86 Months 4 Days 6 If less than one day hr. _____ min. _____

9. Birthplace Columbus / Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Housewife

11. Industry or business

12. Name Thomas Gray
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name Mary Duffey
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Willard Houston

(b) Address Butler Mo.

17. (a) Burial (b) Date thereof 10-5-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation W of Hill

18. (c) Signature of funeral director Culver

(b) Address Butler Mo.

19. (a) Oct. 4, 1947 (b) Lulima Compton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates 7
(c) City or town Rural 7
(If outside city or town limits, write "RURAL")
(d) Street No. Mt. Pleasant Twp 7
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1
year 1944 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from Sept 29 to Oct 1st, 1944
that I last saw him alive on Oct 1st, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death chronic hemorrhage

Due to Chronic nephritis
Hypertension

Other conditions (Include pregnancy within 3 months of death) 131

Major findings:

Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause of 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? _____

While at work? _____ (Specify type of place)
(c) Means of injury road

23. Signature L. L. La Rue (M. D. or other) MD
Address Butler, Mo. Date signed 10-2-47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 10-44-1232

Date Filed 11-6-44

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 *C. E. Culver*

Licensed Embalmer No. 2576

P. O. Address *Burton, 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.