

FILED AUG 4/4/1945

Registration District No. _____

Primary Registration District No. 3074

Registrar's No. 67

1. PLACE OF DEATH:

(a) County Howell
(b) City or town West Plains, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: West Plains Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
(Specify whether _____)
In this community _____
(years, months or days)

3. (a) PRINT FULL NAME Henry Ray, Houston

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced. 1

6. (b) Name of husband or wife Darlene Houston 6. (c) Age of husband or wife if alive. 18 years

7. Birth date of deceased July 5th,
(Month) (Day) (Year)

8. AGE: Years 30 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Texas Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Oliver Houston

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Easter V Swecker

15. Birthplace Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Easter V. Houston

(b) Address Willow Springs, Mo

17. (a) Burial (b) Date thereof 5/24, 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Houston Tenn

18. (a) Signature of funeral director. John H. [Signature]

(b) Address Mountain View Mo

19. (a) [Signature] (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Texas 1069
(c) City or town Willow Springs, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21st
year 1945 hour 1 minute 30 AM.

21. I hereby certify that I attended the deceased from 5/20, 1945 to 5/21, 1945
that I last saw him alive on 5/21, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Gun shot wound of chest + abdomen 1 day
Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations 16
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) homicide
(b) Date of occurrence 5/20/45
(c) Where did injury occur? mt view mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public highway
(Specify type of place) (e) Means of injury Shot Gun

23. Signature Maurice Houston (M. D. or other) MD
Address West Plains Mo Date signed 7/6/45

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

MOTHER FATHER

RECEIVED

District Health Officer No. 5,

District File Number

85-305

Date Filed

8-13-45

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 _____

Licensed Embalmer No. 2516

P. O. Address Mountain View, 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.