

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27946

State File No. _____

FILED SEP 13 1945

Registration District No. 210

Primary Registration District No. S775

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Mercer
(b) City or town Rural, Somerset Tph. Near Mercer
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 60 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mercer 65
(c) City or town Rural, Near Mercer, Missouri 0
(If outside city or town limits, write "RURAL")
(d) Street No. Somerset Tph. 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Marvin McKendree Houston

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife Elsie Houston 6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased April 5 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 4 6 _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business Own Farm

MOTHER FATHER { 12. Name J. D. Houston
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Sarah A. Porter
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elsie Tolston
(b) Address Murphy Mo

17. (a) Burial (b) Date thereof 8/13, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Evergreen - Lineville Ia.

18. (a) Signature of funeral director O. O. Seander
(b) Address Lineville, Iowa.

19. (a) 8/14/45 (b) Evan Martin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug Day 10 Year 1945 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from Jan 1 1945 to Aug 11 1945
that I last saw him alive on Aug 5 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Colon
Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations H&E
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? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature D. E. South (M. D. or other)
Address Lineville Ia Date signed Aug 17 45

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

1361

(Licensed Embalmer's Statement on Reverse Side)

11 MAY 1967
11 MAY 1967

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 *James Greenlee*
Licensed Embalmer No. *3967*
P. O. Address *Linnville Ga*

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.