

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED SEP 22 1945 STANDARD CERTIFICATE OF DEATH

30416

State File No. _____

Registration District No. 88

Primary Registration District No. 4151

Registrar's No. W

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County 28
 (c) City or town _____ (If outside city or town limits, write "RURAL") 2
 (d) Street No. _____ (If rural, give location) 0
 (e) Citizen of foreign country? _____ (Yes or No) 0
 If yes, name country _____

3. (a) PRINT FULL NAME

William J. Houston

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Mo

5. Color or race W

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

6. (b) Name of husband or wife Omery Houston

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

7. Birth date of deceased 3-16-1875
 (Month) (Day) (Year)

20. DATE OF DEATH: Month 7th day 8th year 1945 hour 6 minute _____ A.M.

21. I hereby certify that I attended the deceased from _____ 1945 to _____ 1945
 that I last saw him alive on July 8, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: homicidal violence
poison of heart

Duration _____

8. AGE: Years 70 Months 3 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation Rubber

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant Mrs Omery Houston

(b) Address Steelville Mo

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation Steelville cemetery

18. (a) Signature of funeral director L. J. Jones

(b) Address Steelville Mo

19. (a) 8-13-1945 (b) A. W. Schumaker
 (Date received local registrar) (Signature)

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
 Of autopsy g2d

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) (e) Means of injury _____

23. Signature R. G. Parker (M. D. or other) _____
 Address Steelville Mo Date signed 8-13-45

1307

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 5,

District File Number

945-391

Date Filed

9. 21-48.

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 Harry J. Jovan

Embalmed

, Registered Apprentice No.

working under my personal supervision.

Signed

Harry Jovan

Licensed Embalmer No.

2628

P. O. Address

Steebelle, 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.

Registration District No. 89 Primary Registration District No. 4151

1. PLACE OF DEATH:
(a) County Crawford
(b) City or town Steelville
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Crawford
(c) City or town Steelville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Wm J. Houston
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 16 years
7. Birth date of deceased mar 16
(Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days _____ (If less than one day) _____ hr. _____ min.

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

10. Usual occupation Banker

11. Industry or business
12. Name Robert Houston
13. Birthplace unknown Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Maynard
15. Birthplace unknown Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____
17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____
19. (a) _____ (b) [Signature]
(Date received local registrar) (Registrar's signature)

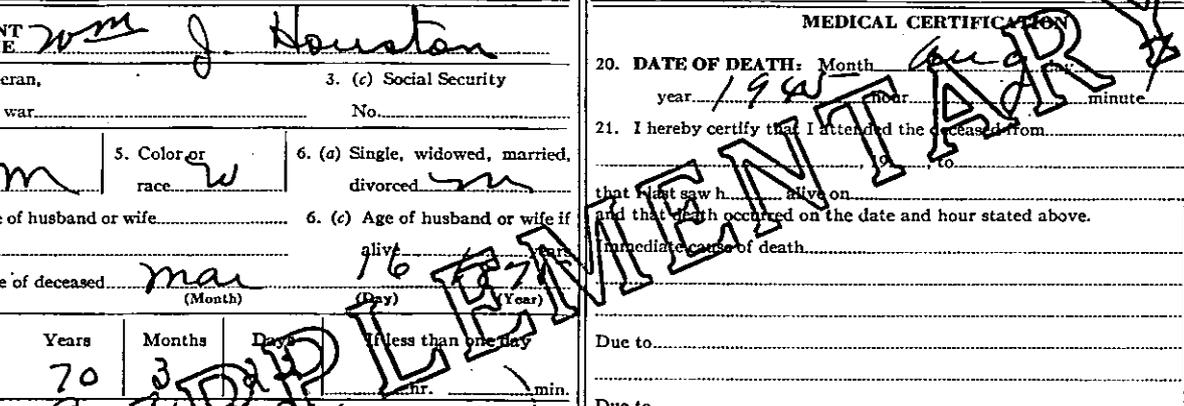
MEDICAL CERTIFICATION
20. DATE OF DEATH: Month aug year 1922 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____

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

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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 _____ (M. D. or other)
Address _____ Date signed _____

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



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