

S. No. 2
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5-17-39
P1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2650**

FILED FEB 15 1946

Registration District No. 120 Primary Registration District No. 4197 Registrar's No. 15

1. PLACE OF DEATH:
(a) County Stonewall
(b) City or town Stonewall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: W. 3rd St. - 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether in this community) life years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Stonewall
(c) City or town Stonewall
(If outside city or town limits, write "RURAL")
(d) Street No. W-3rd St. (If rural, give location)
(e) Citizen of foreign country? NI (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. John Leslie Houston
3. (b) If veteran, name war ✓
3. (c) Social Security No. 498-24-9915

20. DATE OF DEATH: Month Jan day 27 year 1946 hour 17 minute 30 P.M.

MEDICAL CERTIFICATION

4. Sex MARE 5. Color or race W. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Dove Houston 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Jan 20 1897
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 26, 1946, to Jan 27, 1946, that I last saw him alive on Jan 27, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

8. AGE: Years 58 Months 9 Days 7 If less than one day hr. min.

Duration _____
Due to _____
Due to _____

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

10. Usual occupation Manager of Coca Cola

11. Industry or business Coca Cola Distribution

12. Name John Samuel Houston

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

14. Maiden name Mollie Olenge

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

16. (a) Informant Mrs. Maggie Coffey

(b) Address Stonewall

17. (a) Burial (b) Date of 1/30/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stonewall

18. (a) Signature of funeral director W. H. Phillips

(b) Address Stonewall

19. Feb 1-1946 (Date received local registrar) (b) Thomas W. Phillips (Registrar's signature)

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

Major findings of operations _____

Of autopsy 940

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) _____
(e) Means of injury _____

23. Signature E. S. Simpson (M. D. or other) _____

Address Stonewall Mo Date signed 1/31-46

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

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SEP 17 1948

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 Ray H. Phillips
Licensed Embalmer No. 1898
P. O. Address Stamley 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.