

No. 2
8-43
-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED FEB 15 1946 STANDARD CERTIFICATE OF DEATH

State File No. **3371**

Registration District No. **210**

Primary Registration District No. **5471**

Registrar's No. **3**

1. PLACE OF DEATH:
(a) County **MERCER**
(b) City or town **SOUTH LINEVILLE**
(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 **40 yrs.** years, months or days

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

3. (a) PRINT FULL NAME **ELSIE MAY HOUSTON**
3. (b) If veteran, name war _____ 3. (c) Social Security No. **NONE**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**
6. (b) Name of husband or wife **MARVIN M. HOUSTON** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **DECEMBER 15 1901**
(Month) (Day) (Year)

8. AGE: Years **44** Months **I** Days **I7** If less than one day hr. _____ min. _____

9. Birthplace **Decatur CO. Iowa.** (City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business **Own Home**

12. Name **W. T. Spencer**

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

14. Maiden name **LUELLA HARRIS** (City, town, or county) (State or foreign country)

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

16. (a) Informant **J. Howard Spencer**
(b) Address **LINEVILLE, IOWA**

17. (a) **BURIAL** (b) Date thereof **JAN. 5. 46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lineville Ia. Evergreen**

18. (a) Signature of funeral director **C. O. Linnell**
(b) Address **LINEVILLE, IOWA**

19. (a) **1-9-46** (b) **Evon Martin**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan**, day **2**, year **1946** hour _____ minute _____ M. **P**

21. I hereby certify that I attended the deceased from **Jan 1** 19**46** to **Jan 2** 19**46**
that I last saw her alive on **Jan 2** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Uterine Anemorrhage**
Duration _____

Due to **Cancer of uterus**
Due to _____

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

Major findings: Of operations **48K**
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) (Means of injury)

23. Signature **B. E. Pruitt** (M.D. or other) _____
Address _____ Date signed **Jan 4 46**

190

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
1596

**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, only

....., Registered Apprentice No.

working under my personal supervision.

Signed

Amos J. Grunlee

Licensed Embalmer No.

3967

P. O. Address

Linnville 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.