

FILED APR 17 1946

Registration District No. **356** Primary Registration District No. **62-0-9-4521**

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

1. PLACE OF DEATH:

(a) County Texas
 (b) City or town Houston Precy
 (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 22 years (Specify whether years, months or days)
 In this community 22 years

2. USUAL RESIDENCE OF DECEASED:

(a) State TX (b) County Texas
 (c) City or town Houston
 (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 ANNIE ELIZABETH KING
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Mar. day 5
 year 1946 hour 9 minute 00 A.M.
 21. I hereby certify that I attended the deceased from 3-3-46
 _____, 19____ to _____, 19____
 that I last saw her alive on Mar. 4, 1946
 and that death occurred on the date and hour stated above.

4. Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Will King 6. (c) Age of husband or wife if alive 82 years
 7. Birth date of deceased Jan. 9 1870
 (Month) (Day) (Year)

Immediate cause of death scintly **Duration**
 Due to Intestinal flu
no previous
 Due to _____

8. AGE: Years 76 Months 1 Days 26 If less than one day _____ hr. _____ min.

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

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Joseph Bohannon

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

14. Maiden name Isabel Goss

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

16. (a) Informant Will King

(b) Address Houston, TX

17. (a) Burial (b) Date thereof _____
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Houston

18. (a) Signature of funeral director Gayford O. Elliott
 (b) Address Houston, TX

19. (a) 3-13, 1946 (b) M. J. Craig
 (Date received local registrar) (Registrar's signature)

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?
 _____ (Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature R. W. Donnick (M. D. or other) _____
 Address _____ Date signed _____

RECEIVED
District Health Officer No. 5,
District _____ 446279
Date Filed _____ 7-16-46

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 Frank E Hood
Licensed Embalmer No. 4024
P. O. Address Houston, 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.