S. No. 2
M—5-43
. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23648

State File No.

FILED AUG 14 1946

Registration District No. Primary Registration District No. 1002 Registrar's No. 3282

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1308 East 9th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether)
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1308 East 9th St., 8
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 1

If yes, name country x

3. (a) PRINT FULL NAME Miss Dorothy A. Houghton

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife x

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

7. Birth date of deceased January (Month) 22 (Day) 1875 (Year)

8. AGE: Years	Months	Days	If less than one day
71	6	6	hr. min.

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

10. Usual occupation at home,

11. Industry or business x

FATHER
12. Name Benjamin Franklin Houghton
13. Birthplace New York
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Kelly
15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John P. Kraus,
(b) Address 1308 E. 9th St., Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-30-46 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 7-29-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1946 hour 9:30 minute A. M.

21. I hereby certify that I attended the deceased from July 27 1946, 19..., to July 28 1946, 19..., that I last saw her alive on July 27 1946, 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General Carcinomatosis	
Due to Carcinoma of Pelvic organs	
Due to primary site unknown.	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy 552

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) no
(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 F. W. Mellen (M. D. or other)
Address 1800 Argyle Date signed 7-29-46

(Licensed Embalmer's Statement on Reverse Side)

22504

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

Dr. Walter Miller

Pruff Bldg

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 S. Allen

Licensed Embalmer No. 1415

P. O. Address K. C. 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.