

FILED JUN 5 1947
Registration District No. 23

Primary Registration District No. 4034

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Hume
(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 years, months or days)

In this community 40 Yr 8s

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bates

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME Frank Albert Houghtaling

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male () 5. Color or race white

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

6. (b) Name of husband or wife Grace Houghtaling

6. (c) Age of husband or wife if alive 60

7. Birth date of deceased June 30 1888
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 31
year 47 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from May 10th 1947 to May 31 1947
that I last saw him alive on May 30th 1947
and that death occurred on the date and hour stated above.

8. AGE: Years 58 Months 11 Days 1
If less than one day hr. _____ min. _____

Immediate cause of death Coronary Thrombosis

Due to Hypertension

Due to _____

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

Major findings: Of operations A4A

Of autopsy _____

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

10. Usual occupation warming

11. Industry or business _____

MOTHER FATHER

12. Name Frank Houghtaling

13. Birthplace Jamestown N. Y.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Smiley

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

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)

16. (a) Informant Frank Houghtaling

(b) Address Hume, Mo.

17. (a) Burial (b) Date thereof 6-2-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hume, Mo.

18. (a) Signature of funeral director J. Taylor

(b) Address Pleasanton, Ks.

19. (a) May 31 (b) Fern H. Martin
(Date received local registrar) (Registrar's signature)

23. Signature Wm. H. Allen (M. D. or other) 5/31/47

Address Hume Date signed _____

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

7
0
0

RECEIVED
District Health Officer No. 71
District File Number 5-47-665-
District File Number 6-3-47
Date Filed

JUN 13 1947

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, on by Ma

working under my personal supervision. _____, Registered Apprentice No. _____

Signed W. P. Young

Licensed Embalmer No. 3441

P. O. Address Chesapeake, Pa.

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.