

FILED JUL 16 1947

Registration District No. **188**

Primary Registration District No. **4179**

Registrar's No. **21**

1. PLACE OF DEATH:

(a) County **Dunklin**

(b) City or town **Seneth Mo**
(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 _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo**

(b) County **Dunklin**

(c) City or town **Rural** **35**
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? **Mo** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Hovey Atherton Houghton**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **W**

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

6. (b) Name of husband or wife **Annie**

6. (c) Age of husband or wife if alive **53** years

7. Birth date of deceased **March 4 1903**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
44	3	21	_____ hr. _____ min.

9. Birthplace **Seneth Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business

12. Name **Bungon C. Houghton**

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

14. Maiden name **Lura Truman**

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

16. (a) Informant **Annie Houghton**

(b) Address **Seneth Mo**

17. (a) _____ **(b) Date thereof** **June 25 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Seneth**

18. (a) Signature of funeral director **A. J. Emerson**
(b) Address **Paragould Ark.**

19. (a) **July 9-1947** **(b) Mrs. J. H. Lanier**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **24**
year **1947** hour **6** minute **P** M.

21. I hereby certify that I attended the deceased from **not attended**
head on arrival 19____ to 19____
that I last saw h_____ alive on 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **He had enlarged**

Due to **Heart an Myocarditis**
on my examination
Dr. Mrs. Houghton said
his heart was perfine and
Other conditions he raised up and
fell over dead

Major findings of operation _____

Of autopsy **no 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)

(c) Means of injury _____

23. Signature **H. Sebude M.D.** (M. D. or other)

Address **Seneth Mo** **Date signed** **6-24-47**

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

RECEIVED
RECEIVED

District Health Office No. 2

District File Number 247-987

Date Filed 2-14-47
Last Filed

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.....

Licensed Embalmer No.....

P. O. Address.....

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.