

No. 2
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5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 4 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28589

State File No. _____

Registration District No. 275

Primary Registration District No. 4409

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town Newburg
(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 Missouri (b) County Phelps 81

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

(d) Street No. _____ (If rural, give location) 9

(e) Citizen of foreign country? _____ (Yes or No) 9
If yes, name country _____

3. (a) PRINT FULL NAME Homer J. Houston

3. (b) If veteran, name war **

3. (c) Social Security No. **

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23
year 1947 hour _____ minute _____ M.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Romayne Swift Houston

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

7. Birth date of deceased January 23, 1893
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 21 - 1947 to Aug 23 - 1947
that I last saw him alive on August 23 - 1947
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>7</u>	<u>15</u>	_____ hr. _____ min.

Immediate cause of death Other Pneumonia

Duration _____

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

Due to _____

Due to _____

10. Usual occupation Hotel owner

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

108

11. Industry or business _____

MOTHER FATHER

12. Name Jerome A. Houston

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

14. Maiden name Martha Elizabeth Harris

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

Major findings: 108

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Miss Helen Houston

(b) Address Newburg, Missouri

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof Aug. 26, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield, Missouri

(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? _____

18. (a) Signature of funeral director Smith-Hollow

(b) Address Rolla, Missouri

While at work? _____ (Specify type of place)

(e) Means of injury 0

19. (a) 8-27-47 (b) Nadene L. Staff
(Date received local registrar) (Registrar's signature)

23. Signature R. C. Brewer (M. D. or other) _____
Address Newburg, Mo Date signed 8-26-47

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

EXPIRES 6 MONTHS

EXPIRES 6 MONTHS

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..... *J. H. Holloway*
Licensed Embalmer No. **3643**
P. O. Address **Rolla, Missouri**

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.