S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 10 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1421

Registration District No. 146 | Primary Registration District No. 3026 | Registrar's No. 31

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution 722 So. Main
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 21 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence 4
(If outside city or town limits, write "RURAL")

(d) Street No. 722 So. Main Street 4
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME CORA LOUISE HOUSTON

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

3. (c) Social Security No. ----------

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Ephraim Shadrick Houston

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

7. Birth date of deceased October 14, 1871
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	3	12	..... hr. ..... min.

9. Birthplace Duncan County, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name No Data
13. Birthplace No Data 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name No Data
15. Birthplace No Data 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Lemmie Houston 1
(b) Address Independence, Missouri

17. (a) Burial (b) Date thereof 1/28/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mound Grove Cemetery

18. (a) Signature of funeral director Roland R. Speaks
(b) Address Independence, Missouri

19. (a) 1-29-48 (b) [signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26th,
year 1948 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from Jan 23rd, 1948 to Jan 24th, 1948
that I last saw her alive on Jan 24, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	2 yrs
Due to Essential Hypertension	5 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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 [signature] (M. D. or other) DO

Address Independence, Mo Date signed 1/27/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 Stanley M. Seaton, Registered Apprentice No. 448, working under my personal supervision.

Signed Roland A. Spencer

Licensed Embalmer No. 3604

P. O. Address Independence, 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.