

S. No. 2
M-5-43
v. 5-17-39
I X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 28 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5358**
Registrar's No. **8**

Registration District No. **174** Primary Registration District No. **3035**

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

1. PLACE OF DEATH:
(a) County **Lafayette**
(b) City or town **Luxington**
(c) Name of hospital or institution: **Boys Highland**
(d) Length of stay: In hospital or institution **60 yrs**
In this community **60 yrs**

3. (a) PRINT FULL NAME **REBECCA B. HOUX**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **W.M. HOUX** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Dec 2 1884**

8. AGE: Years **83** Months **1** Days **13** If less than one day _____ hr. _____ min.

9. Birthplace **Lafayette Co. Ky**

10. Usual occupation **at home**

11. Industry or business _____
12. Name **John E. Gibson**
13. Birthplace **Lafayette Co. Ky**
14. Maiden name **Betty McConathy**
15. Birthplace **Ky**

16. (a) Informant **Mrs. Harold Maas**
(b) Address **Luxington, Mo**
17. (a) **Burial** (b) Date thereof **1-21-48**
(c) Place: burial or cremation **Luxington, Mo**

18. (a) Signature of funeral director **Faustus J. Keupe**
(b) Address **Luxington, Mo**

19. (a) **10 Feb 48** (b) **Thomas E. Eastbrook**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **Lafayette**
(c) City or town **Luxington**
(d) Street No. **Highland**
(e) Citizen of foreign country? _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan** day **20** year **1948** hour **2** minute **05 AM**
21. I hereby certify that I attended the deceased from **January 14th 1948** to **January 19 1948**
that I last saw her alive on **January 19 1948** and that death occurred on the date and hour stated above.
Immediate cause of death **Thromb - Chr nephritis**

Due to **Cardio-vascular Renal Degeneration Change**

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

Major findings: Of operations _____
Of autopsy _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature **Betty H. Slaughter** Date signed **1/21/48**
Address **Luxington, Missouri**

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

2-27-48

MAY 27 1953

Slough

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

Geo. M. Kean

Licensed Embalmer No.

2983

P. O. Address

Leungton Wa

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.