S. No. 2
M—1/47
5-17-39

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

69
0
0

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 27 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

5561

State File No.

Registration District No. 226 Primary Registration District No. 5799 Registrar's No. 9

1. PLACE OF DEATH:
(a) County MONROE
(b) City or town RURAL=MARION TWP.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.F.D. HOLLIDAY, MO. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County MONROE 69
(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D HOLLIDAY, MO. 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country ✓

3. (a) PRINT FULL NAME DOLLIE ELIZABETH HOUGHTON
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 MARRIED
6. (b) Name of husband or wife JAS. WM. HOUGHTON
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased SEPT. (Month) 7 (Day) 1889 (Year)

8. AGE: Years 58 Months 5 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace MONROE CO. (City, town, or county) MO (State or foreign country) 0
10. Usual occupation AT HOME
11. Industry or business
FATHER
12. Name JAMES A. DRY 0
13. Birthplace MONROE CO., (City, town, or county) MO (State or foreign country)
MOTHER
14. Maiden name NORA ELLA KING
15. Birthplace MONROE CO., (City, town, or county) MO. (State or foreign country) 0
16. (a) Informant JAS. W. HOUGHTON
(b) Address HOLLIDAY, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 17, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director Speed & Blakey
(b) Address PARIS, MO.
19. (a) Feb 18, 1948 (Date received local registrar) (b) Olive Little (Registrar's signature) 204

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 15
year 1948 hour 9 minute 55 A.M.
21. I hereby certify that I attended the deceased from Oct. 16, 1943, to Feb. 13, 1948
that I last saw her alive on 2-13-1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diabetes Mellitus	8 yrs.
Due to	
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) 0
While at work? (e) Means of injury
23. Signature F. A. Barnett (M. D. or other) MD
Address PARIS, MO. Date signed 2-15-48.

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

MAY 4 1948

RECEIVED
District Health Officer No. 10
District File Number 2-48-367
Date Filed FEB 25 1948

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 E. L. Agnew

Licensed Embalmer No. 4000

P. O. Address PARIS, MO.

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.