

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **13682**
1950
Registrar's No. _____

Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1906 E. 11th. Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community About 27 years
(years, months or days)

3. (a) PRINT FULL NAME Mollie Houston

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro

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

6. (b) Name of husband or wife Al Houston

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

7. Birth date of deceased March - 10 - 1880
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>68</u>	<u>1</u>	<u>23</u>	hr. _____ min. _____

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

10. Usual occupation Housework

11. Industry or business _____

12. Name Henry Hill

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Harriet Snell

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

16. (a) Informant Mrs. Virgie Owens

(b) Address 1906 E. 11th. St.

17. (a) Burial (b) Date thereof 5/7/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director E. Sterling Bills

(b) Address 1212 Vine St., Kansas City, Mo.

19. (a) 5-7-48 (b) Geraldine Belmont
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No 1906 E. 11th.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
year 48 hour 11 minute 50 A. M.

21. I hereby certify that I attended the deceased from Febr. 3, 1948 to May 3, 1948;
that I last saw her alive on May 3, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerotic Cardiac Failure Duration _____

Arterio Sclerotic -type
Due to Heart Disease

Due to _____

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

Major findings: 932
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? _____
(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)
(a) Means of injury _____

23. Signature G. Belmont (M. D. or other) M.D.
Address 1830 Vine Date signed 5-6-48

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.....

Leonard Huff
working under my personal supervision.

Registered Apprentice No. *224*

Signed *E. Sterling Bills*

Licensed Embalmer No. *3178*

P. O. Address *1212 Vine St., Kansas City, 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.