S. No. 300
DM—10-47
ev. 5-17-39
P I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16710

Registration District No. FILED JUN 12 1948 856

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County: JASPER

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

(c) Name of hospital or institution: FREEMAN'S HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 Week (Specify whether years, months or days)

In this community: 1 week

2. USUAL RESIDENCE OF DECEASED:

(a) State: Kansas (b) County:

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

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

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

If yes, name country

3. (a) PRINT FULL NAME: JACOB ALVIN HOUSTON

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: MALE

5. Color or race: WHITE

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: 5 (Month) 2 (Day) 1871 (Year)

8. AGE: Years: 77 Months: 0 Days: 15 If less than one day: hr. min.

9. Birthplace: MOULTY, ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation: RETIRED FARMER

11. Industry or business:

FATHER
12. Name: CALOB A. HOUSTON
13. Birthplace: ILLINOIS
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: NO RECORD
15. Birthplace:
(City, town, or county) (State or foreign country)

16. (a) Informant: George W. Houston
(b) Address: Lawton, Kansas

17. (a) Removal
(Burial, cremation, or removal) (b) Date thereof: 5-19-48
(Month) (Day) (Year)

(c) Place: burial or cremation: Pleasant View, Weir, Kan

18. (a) Signature of funeral director: Don Roney
(b) Address: Carl Junction, Missouri

19. (a) 5-18-48 (Date received local registrar) (b) Dolores Lampkin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 17th. day May year 1948 hour 11:45 minute P. M.

21. I hereby certify that I attended the deceased from May 14th, 1948, to May 17, 1948; that I last saw h alive on, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	6 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause to 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: Dr O.L. Alberry (M. D. or other)

Address: Carl Junction, Mo Date signed: 5/18/48

(Licensed Embalmer's Statement on Reverse Side)

48-5-458

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.