

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

39948
Do not use this space.

FILED DEC 27 1948

1. PLACE OF DEATH *Holt*

(a) County *Holt* Registration District No. *139*

(b) Township _____ Primary Registration District No. *0221* Registered No. *112 47*

(c) City *Mound City* (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds. *0*

2. PRINT FULL NAME *Charles Ira Houston.*

(a) Residence, No. *Mound City Mo* St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Nellie Houston*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan. 22 1865*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>83</i>	<i>10</i>	<i>22</i>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Farmer*

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Savannah, Mo., 0*

FATHER

13. NAME *Mortimer Houston*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Indiana*

MOTHER

15. MAIDEN NAME *Margaret Buxick*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Iowa*

17. INFORMANT (ADDRESS) *Mrs Nellie Houston
Mound City, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Mound City* DATE *Dec. 16 1948*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *W. J. Gray
Mound City, Mo.*

20. FILED *Dec. 19 1948* *J. C. Gray*
1122 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 14 1948*

22. I HEREBY CERTIFY, That I attended deceased from *Oct 24 1948* to *Dec 14 1948*

I last saw him alive on *Dec 13 1948* Death is said to have occurred on the date stated above, at *6:30 a.m.*

The principal cause of death and related causes of importance were as follows:

Carcinoma of sigmoid colon

Date of onset _____

Other contributory causes of importance: *HLE*

Name of operation _____ Date of _____

What test confirmed diagnosis? *X-Ray* Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify _____ (Signed) *W. J. Gray* _____, M. D.

(Address) *Mound City, Mo.*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

W. H. Crawford

Licensed Embalmer No. *1824*

P. O. Address *Mound 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, above space should be left blank.