S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 28 1948

Registration District No. 164

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40590

Primary Registration District No. 5597

Registrar's No. 134

51

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

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Rural Centerview (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RFD#1 Centerview (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Johnson 51
(c) City or town Centerview Rural (If outside city or town limits, write "RURAL")
(d) Street No. RFD#1 Centerview (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Murin Perry Houx
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Alice Houx
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased ~~April~~ March (Month) 10 (Day) 1860 (Year)

8. AGE: Years 88 Months 8 Days 4 If less than one day hr. min.

9. Birthplace Johnson Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business None
12. Name Michael Houx
13. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)
14. Maiden name Harriet McFarland
15. Birthplace Unknown (City, town, or county) Tennesee (State or foreign country)
16. (a) Informant Miss Thirza Houx
(b) Address RFD#1 Centerview Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation Centerview Cem.
18. (a) Signature of funeral director Sweeney-Phillips
(b) Address Warrensburg Mo
19. (a) Dec. 15, 1948 (Date received local registrar) (b) Savannah Crutchfield (Registrar's signature) 147

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14
year 1948 hour 4 minute 35 P. M.

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

	Duration
Immediate cause of death: Acute Cardiac dilatation	Instant
Due to Myocardial degeneration	years
Due to Mitral Insufficiency c̄ total Compensation	years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

92 B

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)
While at work? (e) Means of injury 2

23. Signature Dr. J. K. Cull (M. D. or other) 50
Address Warrensburg Mo Date signed 12-15-48

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

Corrected after June 28, 1949

MAR 10 1961

APR 19 1961

DEC 23

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 J. Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg 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.

FEE CLOSED JAN 1949

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Johnson }

State File No.
Local Registrar's No.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 31 st day of December, 1948, before me appears W. J. Phillips, who, upon his oath, states that the original record of ~~birth~~ death for Murin Perry Houx died ~~born~~ December 14, 1948, in the State of Missouri, and which was filed at Warrensburg on Dec 16, 1948, should be corrected as follows:

Item No. 7 should read March 10, 1860
Instead of April 10, 1860

Item No. 16 should read Thirza Houx
Instead of Tirza Houx

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant W J Phillips
Relationship.

Warrensburg Mo
Present Address.

Subscribed and sworn to before me this 31 day of Dec, 1948.

My Commission expires

R. Q. Phillips Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
M 9-4-41
I X29483

S-40590