

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

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.

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

14963  
Do not use this space.

RECD MAY 16 1939

**1. PLACE OF DEATH**

(a) County Henry Registration District No. 14  
 (b) Township Windsor Primary Registration District No. 4201 Registered No. 11  
 (c) City Windsor (d) Street No. \_\_\_\_\_ St.  
 (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. da.

**2. PRINT FULL NAME** Alonzo Huston

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mrs. Amanda Plunkett Huston (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 16, 1848  
 7. AGE YEARS 91 MONTHS 2 DAYS 16 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired painter  
 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) Manchester (STATE OR COUNTRY) Illinois

FATHER 13. NAME Thomas Huston 14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Narcissus Clark 16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Alabama

17. INFORMANT Miss Nellie Huston (ADDRESS) Windsor, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor, Mo. DATE May 4, 1939

19. FUNERAL DIRECTOR (NAME) Huston-Turner (ADDRESS) Windsor, Missouri

20. FILED May 4 1939 J. J. Jennings Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1939, to May 2, 1939. I last saw him alive on May 2, 1939. Death is said to have occurred on the date stated above, at 10:30 a m

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

Myocardial Insufficiency  
Senile Debility  
 Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Cholera Was there an autopsy? no

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) Geo. W. Windsor (Address) Windsor, Mo.

**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. ~~3391~~

working under my personal supervision.

Signed E. M. H. Hester

Licensed Embalmer No. 3391

P. O. Address Wardian, 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.**