

FILED FEB 10 1944

Registration District No. 157

Primary Registration District No. 4216

Registrar's No. 13

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

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Calhoun
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 35 years (Specify whether years, months or days)
In this community 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Calhoun
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Philip 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 Married

6. (b) Name of husband or wife May Askins Houston 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased June 22 1877
(Month) (Day) (Year)

8. AGE: Years 66 Months 3 Days 12 If less than one day hr. _____ min. _____

9. Birthplace unknown Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Issac Houston
13. Birthplace unknown Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Anna Cowdin
15. Birthplace unknown Massachusetts
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Philip Houston
(b) Address Calhoun, Missouri

17. (a) Burial (b) Date thereof 10-6-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calhoun, Missouri

18. (a) Signature of funeral director Huston-Turner
(b) Address Windsor, Missouri

19. (a) January 12 1944 Georgia Kitchen
(Data received local registrar) (Registrar's signature) S.H.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4th
year 1943 hour 6:00 p.m. minute _____ M.

21. I hereby certify that I attended the deceased from Oct-4-1943 to Oct 4-1943 19____
that I last saw him in, not at all. alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Found dead in farm field where he had been plowing
Due to Probably ebullient Thrombosis
Due to _____

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

Major findings: Of operations _____
Of autopsy none held.

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) (e) Means of injury _____

23. Signature H. M. Wall (M. D. or other) M.D.
Address Windsor Date signed 1/7/44

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 1-44-139

Date Filed 2-9-44

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.....

working under my personal supervision.

Registered Apprentice No.

Signed.....

Licensed Embalmer No. 3391

P. O. Address..... Union 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.