

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED AUG 27 1946 STANDARD CERTIFICATE OF DEATH

State File No. 26954

Registration District No. 137

Primary Registration District No. 4218

Registrar's No. 162

1. PLACE OF DEATH:

(a) County Henry
 (b) City or town Windsor
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Windsor Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 day (Specify whether
 In this community 37 years, months or days)

3. (a) PRINT FULL NAME Herbert J. Houston
 3. (b) If veteran, name war
 3. (c) Social Security No. 495-01-7431

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mary M. Houston
 6. (c) Age of husband or wife if alive 37 years
 7. Birth date of deceased June 21 1909
 (Month) (Day) (Year)

8. AGE: Years 37 Months 1 Days 14
 If less than one day hr. min.

9. Birthplace Calhoun Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer + Cal.

11. Industry or business

MOTHER FATHER
 12. Name Linkon R. Houston
 13. Birthplace Pleasant Plains, Ill.
 (City, town, or county) (State or foreign country)
 14. Maiden name Ruby Parker
 15. Birthplace Calhoun Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant Mary M. Houston

(b) Address Windsor, MO R#3

17. (a) Burial (b) Date thereof 8-7-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calhoun Amatory

18. (a) Signature of funeral director J. H. Houser

(b) Address Calhoun Mo

19. (a) 8-21-46 (b) R. A. Kenney
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
 (c) City or town Windsor Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5
 year 1946 hour 12 minute 0 M.

21. I hereby certify that I attended the deceased from 1-12
1945 to Aug 5 1946
 that I last saw him alive on Aug 5
 and that death occurred on the date and hour stated above.

Immediate cause of death Sarcopenia of
Back

Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
 Of operations 5 5 2
 Of autopsy _____

Duration 7 1/2

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?

While at work? _____ (Specify type of place)
 (e) Means of injury 0

23. Signature Ray S. Jordan (M. D. or other)
 Address Windsor Mo Date signed 8-6-46

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

25750

120

NOV 5 1948

RECEIVED

Division of Health, Bureau No. 7;

District No. 7-46-827

Date Filed 8-26-46

NOV 4 1948

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 *myself*

Registered Apprentice No.

working under my personal supervision.

Signed *J A Haisey*

Licensed Embalmer No. 3502

P. O. Address *Calhoun 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.