

FILED OCT 19 1944
Registration District No. 177

Primary Registration District No. 5044

Registrar's No. 68

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

1. PLACE OF DEATH:
 (a) County Barry
 (b) City or town Washburn
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Jury
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 32 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO. (b) County BARRY
 (c) City or town WASHBURN
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Marion Edwin Houston
 (b) If veteran, name war --
 (c) Social Security No. --

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept. day 9
 year 1944 hour 7:00 minute A.M.

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced 2 W
 6. (c) Age of husband or wife if alive 1879 years
 7. Birth date of deceased: Oct. 20, (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept. 8, 1944 to Sept. 9, 1944; that I last saw him alive on Sept. 9, 1944; and that death occurred on the date and hour stated above.

8. AGE: 64 Years Months 10 Days 19
 If less than one day hr. min.

Immediate cause of death Cerebral embolism Duration 9/9/44

9. Birthplace Madison Co. Ark
 (City, town, or county) (State or foreign country)

Due to _____
 Due to _____

10. Usual occupation section hand

Other conditions Diabetes Mellitus.
 (Include pregnancy within 3 months of death)

11. Industry or business railroad
 12. Name John Houston
 13. Birthplace Madison Co. Ark.
 (City, town, or county) (State or foreign country)
 14. Maiden name Nancy Ann Poyner
 15. Birthplace Ark.
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations 61
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Lloyd Houston
 (b) Address Washburn, Mo.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

17. (a) Burial (b) Date thereof 9/11/44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(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? _____

(c) Place: burial or cremation Washburn Prairie
 18. (a) Signature of funeral director W. H. K... Cassville Mo.
 (b) Address _____

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

19. (a) 9/14/44 (b) Grace Williams
 (Date received local registrar) (Registrar's signature)

23. Signature Dr. C. P. Brown, D.C. (City or town) _____
 Address Seligman Mo. Date signed 9/9/44

RECEIVED

District Health Officer No. 6,

District File Number 1044-1062

Date Filed OCT 16 1944

NOV 20 1944

SEP 6 1945

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 *E. M. Jones*

Licensed Embalmer No. 3453

P. O. Address Cassville, 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.