

FILED MAY 16 1942

Registration District No. 207

Primary Registration District No. 3012

Registrar's No. 32

1. PLACE OF DEATH:

(a) County CLAY
(b) City or town Liberty, Mo.
(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 _____ (Specify whether)
In this community 1 yr 2 mo. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clay
(c) City or town Liberty (If outside city or town limits, write "RURAL")
(d) Street No. 221 N. Gallatin (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SAMUEL VIRGIL HOUSTON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race Col 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 14 1941
(Month) (Day) (Year)

8. AGE: Years 1 Months 1 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Samuel Columbus Houston

13. Birthplace Liberty, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Helman

15. Birthplace Liberty, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Samuel C. Houston

(b) Address Liberty, Mo.

17. (a) Burial (b) Date thereof Apr. 4, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty, Mo.

18. (a) Signature of funeral director Chas. C. Probst Co.

(b) Address Liberty, Mo.

19. (a) 4-3-42 (b) Helen Early
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2
year 1942 hour 7 minute 50 P.M.

21. I hereby certify that I attended the deceased from 3/28
1942 to 4-2 1942
that I last saw him alive on 4-1 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Hydrocephalus
Brain

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 Helen Early (M. D. or other) _____

Address Liberty, Mo. Date signed 4/2/42

PHYSICIAN

Underline the cause to which death should be charged statistically.

157a

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

4
2
1

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed.....

5-15-42

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.....

Sam D. Church

Licensed Embalmer No.....

3286

P. O. Address.....

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.