

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4438 Indiana Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ----- 2
(Specify whether years, months, or days)
In this community 15 Years

REC'D DEC 11 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4438 Indiana Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ----- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7th
year 1940 hour 7 minute A. M.
21. I hereby certify that I attended the deceased from Sept 20 1940 to Nov 7 1940
that I last saw him alive on Nov 7 1940
and that death occurred on the date and hour stated above.

Immediate cause of death:
Carcinoma - retroperitoneal glands - metastatic.
Due to Epithelioma neck removed - 3 1/2 yrs
Due to _____
Other conditions: Anaemia
(Include pregnancy within 3 months of death)

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

3. (a) PRINT FULL NAME Mr. Christopher Columbus Houk

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Bertha L. Houk 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased: November 17 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 11 20 hr. min.

9. Birthplace: California Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Landscape Gardener--Owner

11. Industry or business Landscape and Lawn Service

12. Name Frank Houk

13. Birthplace California Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Melvina Prine

15. Birthplace Cole County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Herbert B. Houk

(b) Address 4438 Indiana

17. (a) Burial (b) Date thereof Nov. 8, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial of cremation Windsor, Missouri

18. (a) Signature of funeral director O. H. Peacock's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 11-7-40 (b) M. M. Corowe
(Date received local registrar) (Registrar's signature)

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 O. H. Peacock (M. D. or other)
Address 4800 E 24th St Date signed 11/9/40

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

4203 Linnwood

Dr E. Linnwood

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 A. C. Newcomer

Licensed Embalmer No. 4043

P. O. Address A. C. 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.