

JAN 17 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

45061
Do not use this space.

1. PLACE OF DEATH
 (a) County Christian Registration District No. 183
 (b) Township Logan Primary Registration District No. 5203 Registered No. 1
 (c) City _____ (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James H. Howe
 (a) Residence, No. Green Lawn Mo. R. 1 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Americia Howe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 26 - 1844

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>93</u>		<u>26</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER

13. NAME John Howe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT J. R. Howe
(ADDRESS) Battlefield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Lawn Cem. DATE Dec. 29, 1937

19. FUNERAL DIRECTOR J. W. Maple
(ADDRESS) Clever, Mo.

20. FILED Dec 31, 1937 H. B. Hawkins
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1937, to Dec 22, 1937
 I last saw him alive on Dec 17, 1937. Death is said to have occurred on the date stated above, at 4:30 P. M.
 The principal cause of death and related causes of importance, were as follows:
Chronic myocarditis Date of onset 1914

Other contributory causes of importance: Senility

Name of operation None Date of _____
 What test confirmed diagnosis Physic Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) H. B. Hawkins, M. D.
 (Address) _____

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, J. H. Maples, Licensed Embalmer No. 2985

hereby certify that the body recorded on the reverse side of this certificate was ^{not} embalmed by

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed J. H. Maples
Licensed Embalmer No. 2985

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.)