

4250 JAN 16 1938

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

43183
Do not use this space.

1. PLACE OF DEATH
(a) County GRUNDY Registration District No. 328
(b) Township MADISON Primary Registration District No. 5452 Registered No.
(c) City (d) Street No. St.
(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 AND SIMON KENTON HOWE
(a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED DIVORCED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF HELLA ETHERTON HOWE (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14 1868
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 10 13
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. farmer
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) Franklin Twp
Wendell Co. Mo
13. NAME Ransom Howe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va
15. MAIDEN NAME Rebecca Ann Myers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va
17. INFORMANT Gus Howe
(ADDRESS) Amie Gowa
18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic Grndly DATE 12/29 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chas. Scherzer
Spickard Mo
20. FILED 12-29 1938 Keren Saw
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/29 1938
22. I HEREBY CERTIFY, That I attended deceased from Sept 15th 1938 to 19.....
I last saw him alive on Oct 20th 1938 Death is said to have occurred on the date stated above, at 10 1/2 m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Lys
with metastases to
Cervical glands
Date of onset 1936??
Other contributory causes of importance: H5
Name of operation Date of
What test confirmed diagnosis? Anal Was there an autopsy?
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? No
If so, specify
(Signed) Chas. F. Duffey D.
Simon, West
366 (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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Ross Wise

or by

Registered Apprentice No., working under my personal supervision.

Signed

Ross Wise

Licensed Embalmer No.

3771

P. O. Address

Spickard 770

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.