

MAY 10 1939

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

15416

Do not use this space.

1. PLACE OF DEATH.

(a) County Berington Registration District No. 508
 (b) Township 1 Primary Registration District No. 3026 Registered No. 61
 (c) City Chillicothe (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.

Paul M. Howell
 (a) Residence, No. 1401 Bryan 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Virginia Howell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-19-1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 3 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Gasline Station
 9. Industry or business in which work was done, as saw mill, bank, etc. attendant
 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) New Mo. 0FATHER 13. NAME Elijah R Howell 114. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 0MOTHER 15. MAIDEN NAME Mary Brassfield16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Mo17. INFORMANT (ADDRESS) Virginia Howell Chillicothe Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Edgewood DATE April 20, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) James Gordon Chillicothe Mo20. FILED 4-19-39 Paul M. Howell, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18 - 1939

22. I HEREBY CERTIFY, that I attended deceased from Jan. 21, 1939 to April 18, 1939
 I last saw him alive on April 18, 1939. Death is said to have occurred on the date stated above, at 2:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Pneumonic Toxin

Date of onset

Other contributory causes of importance: 108

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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 H. L. Howell, M. D.(Address) Chillicothe Mo.

JAN 9 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.....

James D Gordon....., Registered Apprentice No. 4
working under my personal supervision.

Signed *James D Gordon*
Licensed Embalmer No. 1870
P. O. Address Chillicothe, 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.