REC'D SEP 7 1939

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

29920
Do not use this space.

1. PLACE OF DEATH
(a) County Pettis — Registration District No. 664
(b) Township Green Ridge — Primary Registration District No. 5-882 — Registered No. 14
(c) or City ~~Windsor, Mo.~~ — (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.

630

2. PRINT FULL NAME Emmett Howard
(a) Residence, No. ..... 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 24, 1879
7. AGE: YEARS 59 — MONTHS 8 — DAYS 0 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) July 1939
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cooper County, Missouri

FATHER
13. NAME: Joe Howard 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cooper County Missouri 0

MOTHER
15. MAIDEN NAME: ----Givens 0
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cooper County Missouri

17. INFORMANT (ADDRESS): Charles O. Howard, Windsor, Missouri
18. BURIAL, CREMATION, OR REMOVAL PLACE: Harmony Church DATE: July 25, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Huston-Turner, Windsor, Missouri
20. FILED: Aug 1st, 1939 G. R. Shelley, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 24, 1939
22. I HEREBY CERTIFY, That I attended deceased from as Coroners to case only, 19..... I last saw as Coroners case only, 19..... Death is said to have occurred on the date stated above, at 11:00 a.m.
The principal cause of death and related causes of importance were as follows:

Gun shot wound

Date of onset

184

Other contributory causes of importance:

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? accident Date of injury 7-24, 1939
Where did injury occur? Pettis County (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Gun shot wound
Nature of injury Shot through heat

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) Gordon Stauffacher M. D.
(Address) Coroner of Pettis County

(Licensed Embalmer's Statement on Reverse Side)

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

ECEIVED
...rict Health Officer No. 8,
...strict File Number 9/5/39
...ate Filed

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 Ellwell Kirston

Licensed Embalmer No. 3391

P. O. Address Windsor, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.