Rollins 36756

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC'D NOV 24 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29

Registration District No. 5-616 Primary Registration District No. 614 Registrar's No. 24

1. PLACE OF DEATH: 2

(a) County NEWTON

(b) City or town GRANBY TWP
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 30 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Mo (b) County Newton

(c) City or town Granby
(If outside city or town limits, write "RURAL")

(d) Street No. —
(If rural, give location)

(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME ABRAHAM HOWARD 630

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife VINEY HOWARD

6. (c) Age of husband or wife if alive years

7. Birth date of deceased JUNE (Month) 10 (Day) 1865 (Year)

8. AGE: Years 74 Months 4 Days 10 If less than one day hr. min.

9. Birthplace GREEN COUNTY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name LEWIS HOWARD
13. Birthplace UNKNOWN (City, town, or county) SO. CAROLINA (State or foreign country)

MOTHER
14. Maiden name UNKNOWN HORNER
15. Birthplace UNKNOWN (City, town, or county) UNKNOWN (State or foreign country)

16. (a) Informant's own signature Dona Howard
(b) Address Granby Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-22-'39 (Month) (Day) (Year)
(c) Place: burial or cremation Cassville Missouri

18. (a) Signature of funeral director Corley Thompson
(b) Address Keosho Missouri 544

19. (a) Oct 22 39 (Date received local registrar) (b) R E Rolens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20 year 1939 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug 11, 1939, to Oct 20, 1939, that I last saw him alive on Oct 16, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Colitis	2 K
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

120 P

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature L E Rolens (M. D. or other)
Address Granby Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Rev. 5-17-39 I X19511

RECEIVED
District Health Officer No. 6,
District File Number 1139-2319
Date Filed NOV 10 1939

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 Gail K. Gay, Registered Apprentice No. 189, working under my personal supervision.

Signed Berley Thompson
Licensed Embalmer No. 3259
P. O. Address Neosho 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.