85

WRITE PLAINLY, WITH UNFADING INK--THIS IS 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.

50M-1-12-38 I X14028

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

MAR 11 19[illegible]

7836
Do not use this space.

1. PLACE OF DEATH
(a) County Pulaski — Registration District No. 5 711
(b) Township Union — Primary Registration District No. 5940 — Registered No.
(c) City ~~Dixon~~ — (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 630 William Wadsworth Howard
(a) Residence, No. [illegible] St. [ ] .....
(Usual place of abode, if no street address, write county or city) (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 (*write* the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Emma Howard
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 2/24/1852
7. AGE: YEARS 87 — MONTHS 11 — DAYS 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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.
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): Wallins Creek Kentucky. 1

FATHER
13. NAME: Adrain Howard 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 9

MOTHER
15. MAIDEN NAME: Polly Coldiron
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs. W. W. Howard, Dixon, Missouri
18. BURIAL, CREMATION, OR REMOVAL — PLACE: Dixon — DATE: 2/23, 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Fred H. Gilbert, Dixon, Missouri
20. FILED 2-29, 1940 A. S. Lick, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2/21/1940, 19

22. I HEREBY CERTIFY That I attended deceased from Dec. 10, 1939, to Feb. 21, 1940
I last saw him alive on 2/21, 1940 Death is said to have occurred on the date stated above, at 4 p.m.
The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency — Date of onset

9 d. w

Other contributory causes of importance: Age.

Name of operation ..... Date of .....
What test confirmed diagnosis? Exam. 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?
If so, specify A. J. Cridge, M. D.
(Signed) Dixon, Mo
(Address) 6[illegible]

Licensed Embalmer's Statement on Reverse Side)

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, ...

February 21, 1940, or by .....,

Registered Apprentice No....., working under my personal supervision.

RECEIVED
District Health Officer No. 5,
District File Number 340 282
Date Filed 3-8-40

Signed Fred D. Gellner

Licensed Embalmer No. 2341

P. O. Address Dixon, 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.