FILED MAY 13 1940

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

15351
Do not use this space.

1. PLACE OF DEATH
(a) County Lewis 2
(b) Township 0
(c) City La Grange
Registration District No. 430
Primary Registration District No. 4289
Registered No. 11
(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 5 yrs. 3 mos. 15 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jesse R VanHowten
(a) Residence, No. La Grange, Mo. 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 Florence Van Howten

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 12th. 1876

7. AGE: Years 63 | Months 7 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labor
9. Industry or business in which work was done, as saw mill, bank, etc. Foundry
10. Date deceased last worked at this occupation (month and year) Apr. 4th. 1940
11. Total time (years) spent in this occupation 19

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fall Creek Illinois 2

FATHER
13. NAME Willis VanHowten 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fall Creek Illinois 0

MOTHER
15. MAIDEN NAME Louisa Beazley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike County, Missouri

17. INFORMANT Mrs Florence VanHowten
(ADDRESS) La Grange, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Providence DATE Aprl. 18 1940

19. FUNERAL DIRECTOR (NAME) A. A. Roberts
(ADDRESS) La Grange, Mo.

20. FILED 4/17 1940 W. F. Elley
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 16 1940

22. I HEREBY CERTIFY, That I attended deceased from April 8 1940 to April 16 1940
I last saw him alive on April 15 1940 Death is said to have occurred on the date stated above, at 4 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	4/10/40
Chronic Myocarditis	

93C

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

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) W. B. Dodson D.O.
(Address) La Grange, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

1 X14028

RECEIVED
District Health Officer No. 10
District File Number 5-40-935
Date Filed MAY 8 1940

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, A.A.Roberts, or by _____,

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

Signed A.A.Roberts

Licensed Embalmer No. 1626

P. O. Address La Grange, 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.