

18008

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 89Primary Registration District No. 5131Registrar's No. 138

1. PLACE OF DEATH:

- (a) County Butler
- (b) City or town Rural
(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 _____
years, months or days

3. (a) PRINT FULL NAME WM HOWDESHELL 3248. (b) If veteran, name war _____ 8. (c) Social Security No. none

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Iola 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased May 6 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 11 29 hr. _____ min.9. Birthplace _____
(City, town, or county) (State or foreign country) No. Dakota10. Usual occupation Farmer

11. Industry or business

12. Name George Howdeshell
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Kate Bomers
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Rudy Howdeshell
- (b) Address Paplar Bluff Mo
17. (a) Burial (b) Date thereof May 7 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: burial or cremation Carols Cafe

18. (a) Signature of funeral director M.T. Rhet for
- (b) Address Paplar Bluff Mo 651
19. (a) 5-31-40 (b) Ed. L. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MO (b) County BUTLER
- (c) City or town RURAL
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5
year 1940 hour 87 minute _____ P. M.21. I hereby certify that I attended the deceased from 3/20/1940 to 5/5/40, 1940
that I last saw him alive on 5/3/40, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Cardiac Arrest
Due to chronic Bronch. PneumoniaDue to 95%
Other conditions Senility
(Include pregnancy within 3 months of death)Major findings: Asystole
Of operations _____
Of autopsy None

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? _____

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

23. Signature J. L. ... (M. D. or other) _____
Address Paplar Bluff Mo Date signed 5/7/40

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.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.