

Registration District No. 14

Primary Registration District No. 5587

State File No. _____

Registrar's No. 7

1. PLACE OF DEATH

(a) County Johnson
(b) City or town Windsor Jefferson
(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 9
(Specify whether

In this community Thirty years
years, months or days)

3. (a) PRINT FULL NAME Charles Thompson Howard ⁶⁵⁰

3. (b) If veteran, name war no 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased May 8th 1892
(Month) (Day) (Year)

8. AGE: Years 58 Months 2 Days 21 If less than one day
hr. _____ min.

9. Birthplace Mountain Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Farm

12. Name J. L. Howard

13. Birthplace Mountain Co. Mo
(City, town, or county) (State or foreign country)

14. Maiden name Allice Howard

15. Birthplace Mountain Co. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant J. L. Howard

(b) Address Lipton Mo

17. (a) burial (b) Date thereof 7-29-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lipton Mo

18. (a) Signature of funeral director James E. Richard

(b) Address Springer Mo

19. (a) 7-29-40 (b) A. J. Janning
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

(c) City or town Windsor 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 Jul day 29
year 1940 hour 6 minute 0 M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw him _____ alive on found dead _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Disease

Due to Myocarditis

Due to _____

Other conditions Myocarditis
(Include pregnancy within 5 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 W. L. Bradlee (M. D. or other) Cover

Address Washington St. Date signed 7-29-40

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

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

7

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RECEIVED
District Health Officer No. 8
District File Number 8-12-49
Date 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 me

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

Signed Jemee E. Richard
Licensed Embalmer No. 2466
P. O. Address Tipton, Miss

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.