

DEC 12 1940

Registration District No. 56f

Primary Registration District No. 5-758-

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Miller Saline
 (b) City or town Belleville Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Saline Twp
 (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 9

3. (a) PRINT FULL NAME HOWARD MONROE HOWSER8. (b) If veteran, name war No 8. (c) Social Security No. NO4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Josephine L. 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased Aug 6 1857
(Month) (Day) (Year)8. AGE: Years 83 Months 3 Days 14 If less than one day hr. _____ min. _____9. Birthplace Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business _____

12. Name William Howser13. Birthplace Kentucky
(City, town, or county) (State or foreign country)14. Maiden name Farmer15. Birthplace Mo.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature William Howser(b) Address Belleville, Mo.17. (a) Burial (b) Date thereof 11-23-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Doan18. (a) Signature of funeral director Phillip Stumacher(b) Address Belleville, Mo.19. (a) 11-23-1940 (b) Belle Haynes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Miller
 (c) City or town Belleville, Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) 0
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 21
year 1940 hour 11 minute 50 P.M.21. I hereby certify that I attended the deceased from Oct. 26 1940 to Nov. 21 1940that I last saw him alive on Nov. 21 1940
and that death occurred on the date and hour stated above.Immediate cause of death Myocardial Regurgitation Duration 1 yearDue to also from an infection of left valve following aDue to Chloroform poisoning on
about 10/2/40Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____ 92KOf autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No(b) Date of occurrence 2/6(c) Where did injury occur? no
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?
405

While at work? _____ (Specify type of place)

(a) Means of injury No23. Signature Geo. H. Sturdy, M.D. (M. D. or other) _____Address Englewood Date signed 11/27/40

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Louis D. Phillips Registered Apprentice No.....
working under my personal supervision.

Signed *Louis D. Phillips*.....

Licensed Embalmer No. *76 366*

P. O. Address *6 Cedar*

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.