FILED JAN 10 1941

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41727

Registration District No. 29 [redacted] DEC 26 1940 Primary Registration District No. 4021 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Cassville (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Barry County Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 hours (Specify whether years, months or days) In this community 1 year 2 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

(c) City or town Cassville (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.

3. (a) PRINT FULL NAME Ralph Stevenson Howard

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marie Howard

6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased March (Month) 29 (Day) 1914 (Year)

8. AGE: Years 26 Months 6 Days 22 If less than one day hr. min.

9. Birthplace Van Buren (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business England Brothers Truck line

FATHER
12. Name J. R. Howard
13. Birthplace Van Buren (City, town, or county) Arkansas (State or foreign country)

MOTHER
14. Maiden name Madge Stevenson
15. Birthplace Peru (City, town, or county) Kansas (State or foreign country)

16. (a) Informant Marie Howard

(b) Address Van Buren, Arkansas

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct. 21, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Van Buren, Ark.

18. (a) Signature of funeral director Ocker Funeral Home

(b) Address Van Buren, Arkansas

19. (a) (Date received local registrar) (b) Geo. W. Newman, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from Oct. 21st, 1940, to Oct 21st, 1940 that I last saw him alive on Oct 21st, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Strychnine Poisoning	20 mm.
Due to Suicide	
Due to	
Other conditions none found (Include pregnancy within 3 months of death)	
Major findings: Of operations 163	
Of autopsy	

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) Suicide

(b) Date of occurrence Oct. 21st 1940

(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? 30 (Specify type of place)

While at work? (e) Means of injury

23. Signature Geo. W. Newman (M. D. ~~or other~~)

Address Cassville, Mo Date signed 12-21-40

(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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Rufus J. Miller

Licensed Embalmer No. 3794

P. O. Address Cassville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.