

Registration District No. **1**

Primary Registration District No. **1**

Registrar's No. **7**

1. PLACE OF DEATH:

(a) County **ADAIR**  
 (b) City or town **KIRKSVILLE**  
 (c) Name of hospital or institution: **LAUGHLIN HOSPITAL D**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **4 DAYS**  
 In this community **33 YRS. 3 MONS. - 22 DYS**  
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME **JUANITA MAY HOWERTON**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **F** 5. Color or race **W**  
 6. (a) Single, widowed, married, divorced **MARRIED**  
 6. (b) Name of husband or wife **CHAS. T. HOWERTON JR**  
 6. (c) Age of husband or wife if alive **34** years  
 7. Birth date of deceased **SEPT 18 1907**  
 (Month) (Day) (Year)

8. AGE: Years **33** Months **3** Days **22** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **KNOX CO. MISSOURI**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 { 12. Name **A. M. CAMPBELL**  
 13. Birthplace **KNOX CO MISSOURI**  
 (City, town, or county) (State or foreign country)  
 { 14. Maiden name **MAY FLEAK**  
 15. Birthplace **KNOX CO. MISSOURI**  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Chas J. Howerton**  
 (b) Address **Hurdland Miss.**

17. (a) **BURIAL** (b) Date thereof **JAN 12 1941**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **LOG. F. - HURDLAND - MO**

18. (a) Signature of funeral director **Geoffrey G. ...**  
 (b) Address **Hurdland Miss.**

19. (a) **1-25-41** (b) **Spencer L. Freeman**  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **KNOX 5-2**  
 (c) City or town **RURAL**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **6 MILES S.E. OF HURDLAND**  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **9**  
 year **1941** hour **4 AM** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **Jan 6 1941**, 19 **41**;  
 that I last saw her alive on **Jan 9 1941**;  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Brain Abscess** Duration **4 days**  
 Due to **History of shunt sinus**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_  
 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? \_\_\_\_\_

3 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature **Est. Rauglew** (M. D. or other) **SO**  
 Address **Yuleville Mo** Date signed **1/25/41**

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

Rev. 5-17-39

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.

RECEIVED

District Health Officer No. 10

District File Number 2-41-369

Date Filed FEB 19 1941

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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 Geo B. Easley Jr.

Licensed Embalmer No. 3755

P. O. Address Hurdland, 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.**