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WED MAY 10 1944

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14316

State File No.

Registration District No. 273

Primary Registration District No. 3014

Registrar's No. 127

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Jefferson City

(c) Name of hospital or institution: St. Marys Hospital
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 36

(c) City or town Jefferson City 5
(If outside city or town limits, write "RURAL") 4

(d) Street No. 501 Jefferson 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME William Lee Howser

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

4. Sex Male 5. Color Wh 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased April 2 1941
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
		<u>5</u>	hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Roy Howser

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

14. Maiden name Delora Ann Pennington

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

16. (a) Informant Roy Howser

(b) Address 801 Jefferson

17. (a) Burial (b) Date there April 7 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's

18. (a) Signature of funeral director James Lewis

(b) Address 200 Jefferson

19. (a) 4/15/44 (b) D. B. Bradford
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from April 2, 1941, to April 7, 1941; that I last saw him alive on April 5, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Atletia
to lung

Due to Premature birth
7 1/2 months

Due to _____

Other conditions marasmus
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration _____
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? 11

(Specify type of place) _____ (e) Means of injury _____

23. Signature Frank J. ... (M. D. or other) M.D.
Address Jefferson City Date signed 4/14/44

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

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.

Body Was Not Embalmed

Signed *L. H. Anderson*

Licensed Embalmer No. *3641*

P. O. Address *Jefferson City*

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, fact should be so stated above.