FILLED MAY 2 1941

V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14501

Registration District No. 309 Primary Registration District No. 5427 Registrar's No. 6

38
0
0

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

1. PLACE OF DEATH:

(a) County Gentry

(b) ~~City or town~~ Albany Rural-Athens Townsh.
(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 (Specify whether
In this community / years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry 38

(c) City or town Albany, Mo. Rural
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Samuel Hugh Howell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Asenth Bell Wood

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

7. Birth date of deceased Dec. 26, 1873 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
67	1	22	hr. min.

9. Birthplace Albany (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Francis Howell
13. Birthplace Gentry (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Branham
15. Birthplace Gentry County, Mo. 0 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wilbur Siddens
(b) Address Albany, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 20, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Old Brick Church

18. (a) Signature of funeral director Clifford Brooks
(b) Address Albany Mo

19. (a) July 19. 1941 (Date received local registrar) (b) W. T. Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 18 year 1941 hour 1 minute 20 A. M.

21. I hereby certify that I attended the deceased from Jan 27 1941, to , 19 ; that I last saw him alive on Jan - 27 — , 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	7 mos.
para-plegia = progressive	
Due to arterial hypertension	
Due to arteria-sclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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)
(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? (Specify type of place)
2 8 While at work? (e) Means of injury

23. Signature Frank H. Rose (M. D. or other) M. D.
Address Albany, Mo. Date signed 2-18-41

(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 me, Registered Apprentice No. _____, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 3329

P. O. Address Albany, Missouri

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.