

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

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 199

1. PLACE OF DEATH: —

(a) County Pettis  
 (b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
615 W 6th /  
(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 Pettis 80  
 (c) City or town Sedalia 6  
(If outside city or town limits, write "RURAL") F  
 (d) Street No. 615 W. 6th  
(If rural, give location)  
 (e) Citizen of foreign country? 1 (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Wade Hampton Howard

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

4. Sex Male (1) 5. Color or race White 6. (a) Single, widowed, married, divorced Married /  
 6. (b) Name of husband or wife Bell Howard 6. (c) Age of husband or wife if alive 77 years  
 7. Birth date of deceased November 5 1858  
(Month) (Day) (Year)

8. AGE: Years 82 Months 7 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired  
 11. Industry or business Grocery salesman

MOTHER FATHER { 12. Name James B. Howard  
 13. Birthplace Tipton Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Martha Rowel  
 15. Birthplace Tipton Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wade H. Howard  
 (b) Address Sedalia, Missouri  
 17. (a) Burial (b) Date thereof June 14, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Gillespie Funeral Home  
 (b) Address Sedalia, Missouri  
 19. (a) 6/14/41 (b) Mrs. Harry Sneed  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12  
 year 1941 hour 7 minute 10 A.M.

21. I hereby certify that I attended the deceased from March 5 1941 to June 12 1941  
 that I last saw him alive on June 12 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral haemorrhage -  
 Duration \_\_\_\_\_

Due to arteriosclerosis

Due to Hypertension §31

Other conditions §31  
(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? \_\_\_\_\_

23. Signature Jordan Stauffer (M. D. or other) MD  
 Address Sedalia Mo Date signed 6-13-41  
(Specify type of place) While at work (e) Means of injury \_\_\_\_\_

RECEIVED  
District Health Officer No. 8  
District File Number  
Date Filed 7-7-41

**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

*L. L. Boulder*

Licensed Embalmer No.

*3867*

P. O. Address

*Sealston Md*

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

**If this body is not embalmed, fact should be so stated above.**