

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

32135

State File No. _____

Registration District No. 609

Primary Registration District No. 4363

Registrar's No. 93

1. PLACE OF DEATH:

(a) County NEWTON

(b) City or town NEOSHO

(c) Name of hospital or institution: 406 Washington Ave
(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 1
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEWTON

(c) City or town NEOSHO
(If outside city or town limits, write "RURAL")

(d) Street No. 406 Washington Ave
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM ANDREW HOWARD

3. (b) If veteran, name war ←

3. (c) Social Security No. ←

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 31
year 1941 hour 2 minute 40 P.M.

4. Sex MALE 5. Color or race White

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

6. (b) Name of husband or wife LAURA HOWARD

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased: AUG 14 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1941 to Aug 31 1941
that I last saw him alive on Aug 31 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Menstria

8. AGE: Years 77 Months _____ Days 17 If less than one day hr. _____ min. _____

9. Birthplace Kinney Illinois
(City, town, or county) (State or foreign country)

Due to Chronic tubular nephritis
arteriosclerosis and
Due to hypertension

10. Usual occupation FARMER

11. Industry or business RETIRED

MOTHER FATHER { 12. Name FRANCIS M HOWARD

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

14. Maiden name SARAH TROWBRIDGE

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

16. (a) Informant Laura Howard

(b) Address Neosho Mo

17. (a) DURIAL (b) Date thereof Sept 3 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation IOOF Cemetery

18. (a) Signature of funeral director J. J. ...

(b) Address Neosho Missouri

19. (a) 9-10-41 (b) ...
(Date received local registrar) (Registrar's signature)

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

Major findings: 1312
Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature Thermin P. Bowman (M. D. or other) M.D.
Address NEOSHO MISSOURI Date signed 9/1/41

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

73
33
2

Duration _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 1041-1602

Date Filed OCT. 13 1941

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.....

Donald Reed

Registered Apprentice No. 202

working under my personal supervision.

Signed

J. B. Shaw

Licensed Embalmer No. 2689

P. O. Address Deosha Mission

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.