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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 14 1941

Registration District No. 411

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35262

Primary Registration District No. 5569

Registrar's No.

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

49 0 0

1. PLACE OF DEATH:

(a) County: Jasper

(b) City or town: Joplin Urban 5 (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Cave--NE of City (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution / (Specify whether years, months or days)

In this community: 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper 049

(c) City or town: Joplin Mo (If outside city or town limits, write "RURAL") 0

(d) Street No.: Rural--NE of City (If rural, give location)

(e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME: FRANK HOWERTON

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married /

6. (b) Name of husband or wife: Janie

6. (c) Age of husband or wife if alive: 60 years

7. Birth date of deceased: Jan. 12, 1877 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
64	9	13	hr. min.

9. Birthplace: Oklahoma (City, town, or county) / (State or foreign country)

10. Usual occupation: none

11. Industry or business:

FATHER 12. Name: James Howerton

13. Birthplace: Tenn. (City, town, or county) / (State or foreign country)

MOTHER 14. Maiden name: Elizebeth Andrews.

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

16. (a) Informant: Mrs. John Reece.

(b) Address: 707 Jefferson Ave Joplin Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10- 27, 41; (Month) (Day) (Year)

(c) Place: burial or cremation: Fairview Cem.

18. (a) Signature of funeral director: Hurlbut Und. Co;

(b) Address: Joplin Mo;

19. (a) 10-27-41 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25 year 1941 hour ? minute M.

21. I hereby certify that I attended the deceased from [illegible], 19, to [illegible], 19; that I last saw him alive on [illegible], 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Was found dead by neighbors

Due to: Pneumonia

Due to: Alcoholism

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: 200 a

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? (Specify type of place)

While at work? (e) Means of injury: 3

23. Signature: M. V. Webster Coroner (M. D. or other)

Address: Carthage, Mo. Date signed: Oct 25 41

(Licensed Embalmer's Statement on Reverse Side)

41-11-922.

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 Steve D. Parker

Licensed Embalmer No. 2548

P. O. Address Joplin 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, fact should be so stated above.