S. No. 2
—1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

42746

State File No.

JAN 13 1942

Registration District No. 689

Primary Registration District No. 3033

Registrar's No.

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Louisiana

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home

(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 Mo (b) County Pike 82

(c) City or town Louisiana 2

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

(d) Street No. S Main 1

(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) D

If yes, name country .....

3. (a) PRINT FULL NAME Lem HOWLETT

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male

5. Color or race White

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

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

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

7. Birth date of deceased ~~[illegible]~~ Oct 4 (Month) ~~[illegible]~~ (Day) 1883 (Year)

8. AGE: Years 58 Months 2 Days 26 If less than one day ..... hr. ..... min.

About ~~[illegible]~~

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

10. Usual occupation House painter

11. Industry or business .....

FATHER
12. Name John Howlett
13. Birthplace ~~[illegible]~~ England 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Bassett
15. Birthplace Clarksville Mo ~~[illegible]~~ (City, town, or county) (State or foreign country)

16. (a) Informant Mary Smith

(b) Address Bowling Green Mo R1D 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Riverview

18. (a) Signature of funeral director F. Haley Jr

(b) Address Louisiana Mo

19. (a) 12/31/41 (Date received local registrar) (b) F. Haley Jr (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30 year 1941 hour during night minute ..... M.

21. I hereby certify that I attended the deceased from Found dead in his Room that I last saw h..... alive on ..... 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to .....

Due to .....

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

93d

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature M. Smith (M.D. or other) Coroner

Address Louisiana Mo Date signed 12/31/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-42-60
Date Filed JAN 9 1942

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 George O. Wagner, Registered Apprentice No. ....., working under my personal supervision.

Signed George O. Wagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, 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.