

FILED FEB 13 1942 318

Registration District No. \_\_\_\_\_

Primary Registration District No. 2001

Registrar's No. 75

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Burgess Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 1/2 days  
(Specify whether years, months or days) 28 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 818 S. Kirkapoo  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LUKE HOWLETT

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mabel Howlett 6. (c) Age of husband or wife if approx 58 years  
7. Birth date of deceased August 9 1870  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>5</u>	<u>18</u>	hr. min.

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

10. Usual occupation Salesman

11. Industry or business Friedman Shelby Shoe Co.

12. Name John Howlett

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

14. Maiden name Elizabeth Lee

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

16. (a) Informant Mrs. Mabel Howlett

(b) Address 818 S. Kirkapoo Spfld. Mo.

17. (c) Burial (b) Date thereof Jan. 29 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director Greene  
(b) Address Springfield Mo.

19. (a) 1-28-42 (b) W. H. Landley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27  
year 1942 hour 8:15 minute A.M.

21. I hereby certify that I attended the deceased from Jan 22 1942 to Jan 27 1942  
that I last saw him alive on Jan 27 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia (right lower lobe) 5 days  
Duration

Due to Cronary Thrombosis of Small Branches, 5 days  
Chronic Myocarditis

Due to Chronic Bronchitis 15 years  
Emphysema " "

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None 108

Of autopsy None

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?

While at work? (Specify type of place) (e) Means of injury  
23. Signature Walter Wakerman (M. D. or other) MD  
Address Springfield, Mo Date signed 1-28-42

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

39  
2  
0

39

P

0

Duration

5 days

15 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

P

984

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**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 Fred C. Thieme

Licensed Embalmer No. 2899

P. O. Address Springfield, 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.**