

FILED JUN 10 1942

Registration District No. **318**

Primary Registration District No. **2001**

Registrar's No. **415**

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: **St. Johns Hosp 0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2-27-42 to 5-30-42**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Charles M. Howes**

3. (b) If veteran, name war **No**
3. (c) Social Security No. **Unknown**

4. Sex **M. 0** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Susan L. Howes**
6. (c) Age of husband or wife if alive **62** years

7. Birth date of deceased **January 19 - 1873**
(Month) (Day) (Year)

8. AGE: Years **69** Months **4** Days **11**
If less than one day hr. min.

9. Birthplace **Jasper Co. 0 Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Banker**

11. Industry or business **Office in Bank**

12. Name **Jacob Howes**

13. Birthplace **Unknown 9**
(City, town, or county) (State or foreign country)

14. Maiden name **Edwards**

15. Birthplace **Unknown 7**
(City, town, or county) (State or foreign country)

16. (a) Informant **Clarence Morgan**

(b) Address **Carl Junction Mo**

17. (a) **Burial** (b) Date thereof **June 3 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Carl Junction Mo**

18. (a) Signature of funeral director **Klingman Co**

(b) Address **424 1/2 Commercial St**

19. (a) **6-1-42** (b) **W. W. Hurdley**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
(c) City or town **Carl Junction**
(If outside city or town limits, write "RURAL")
(d) Street No. **205 Taylor St**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** Day **30** Year **1942**
hour **24** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **May 27 1942** to **May 30 1942**
that I last saw him alive on **May 130 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis, (Acute Heart Failure)**
Duration

Due to **Transcatheter Resection**

Due to **post-stroke gland warden**

Other conditions **Senility**
(Include pregnancy within 3 months of death)

Major findings: **Benign hypertrophy of prostate gland**
Of operations **Benign hypertrophy of prostate gland**
Of autopsy **1270**
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?

While at work? (Specify type of place) (e) Means of injury

23. Signature **Walter Lowell** (M. D. or other) **MD**

Address **Springfield Mo** Date signed **5-30-42**

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

39
2
6

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

Roy A. Leavin

Licensed Embalmer No.

1763

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.

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