

FILED AUG 10 1942
Registration District No. 408

Primary Registration District No. 3020

Registrar's No. 148

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

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 316 Fulton / Carthage Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 316 Fulton St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ellis Leland Howard

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 widowed
(b) Name of husband or wife Pertha May Howard 6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased June 6th. 1872
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | <u>70</u> | <u>1</u> | <u>8</u> | hr. _____ min. |

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

10. Usual occupation Broom Maker

11. Industry or business Broom Maker

12. Name Thomas B. Howard

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

14. Maiden name Anna Mary Ellis

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

16. (a) Informant Claud Howard

(b) Address Lamar Missouri

17. (a) Burial (b) Date thereof July 18th. 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Carmel

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

(b) Address Jasper, Missouri.

19. (a) July 15, 1942 (b) Elizabeth Couplin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
year 1942 hour 10 PM. minute _____ M.

21. I hereby certify that I attended the deceased from June 10, 1942 to July 17, 1942
that I last saw him alive on July 14, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Heart

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature H. B. Baker (M. D. or other) M.D.

Address Carthage Mo. Date signed 7-15-42

1213

42-7.602

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 *Howard E. Simpson*

Licensed Embalmer No. *4288*

P. O. Address *Jasper 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.