

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 13 1943

Registration District No. 53

Primary Registration District No. 5795

Registrar's No. 9

1. PLACE OF DEATH:

- (a) County Carroll
- (b) City or town Rural - Prairie
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____
(Specify whether)
- In this community Life time
years, months or days

3. (a) PRINT FULL NAME

John H. Showalter

- (b) If veteran name war no

- (c) Social Security No. no

- 4. Sex M O 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Widowed

- 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

- 7. Birth date of deceased Dec 16 1862
(Month) (Day) (Year)

- | | | | | |
|---------|-----------|----------|----------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | <u>89</u> | <u>1</u> | <u>5</u> | hr. _____ min. |

- 9. Birthplace Ray County Missouri
(City, town, or county) (State or foreign country)

- 10. Usual occupation Farm

11. Industry or business _____

- MOTHER FATHER
- 12. Name Agnes Showalter
 - 13. Birthplace Rockingham Virginia
(City, town, or county) (State or foreign country)
 - 14. Maiden name Anna Showalter
 - 15. Birthplace Ray County Missouri
(City, town, or county) (State or foreign country)

- 16. (a) Informant Ray Showalter
- (b) Address Norborne Mo RR 2

- 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 23 1943
(Month) (Day) (Year)
- (c) Place: burial or cremation Fairhamer

- 18. (a) Signature of funeral director John G. Dutch
- (b) Address Norborne Mo

- 19. (a) 1-23-43 (Date received local registrar)
- (b) Mrs James Rafferty (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MO (b) County Carroll 17
- (c) City or town Rural - Prairie
(If outside city or town limits, write "RURAL")
- (d) Street No. R.F. 10. 1 Norborne Mo
(If rural, give location)
- (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

- 20. DATE OF DEATH: Month January day 21 year 1943 hour 5 minute 05 P.M.

21. I hereby certify that I attended the deceased from January 18th 1943 to January 21 1943 that I last saw him alive on January 21 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia Duration 2 days

Due to Myocardial degeneration
Hypertension
Due to Arteriosclerosis

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

Major findings: Of operations none Of autopsy none

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 Ruepa & Haskell (M. D. or other) _____
- Address 211 South Pine Norborne Mo Date signed 1-21-43

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

RECEIVED

District Health Officer No. 8,

District File Number -----

Date Filed 2-12-43

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 Me

-----, Registered Apprentice No. -----
working under my personal supervision.

Signed

John G Deitch

Licensed Embalmer No. 3654

P. O. Address Norborne 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, above space should be left blank.