

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7308

Registration District No. 290

Primary Registration District No. 5987

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Hancock *W. M. Long*

(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME William Bates Howser

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 Widowed

6. (b) Name of husband or wife _____

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

7. Birth date of deceased 4 24 1852
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

90	9	25	_____hr. _____min.
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9. Birthplace Tennessee (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER

12. Name John Howser

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

14. Maiden name Emiline Long

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

16. (a) Informant Mr. Jim Howser

(b) Address Hancock, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/ 21/1943 (Month) (Day) (Year)

(c) Place: burial or cremation Sewell Cemetery

18. (a) Signature of funeral director Fred H. Gilbert

(b) Address Dixon, Missouri

19. (a) Feb 24 1943 (Date received local registrar) (b) Chas M. D. D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 19 year 1943 hour 5 minute _____ P. M.

21. I hereby certify that I attended the deceased from Feb. 16 - 1943 to Feb. 19 - 1943 that I last saw him alive on Feb. 19 - 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Mitral Dilatation

Due to Shock following a fall

Due to Senility

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

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) accident 085

(b) Date of occurrence 2-16-43

(c) Where did injury occur? Hancock, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? near home (Specify type of place)

While at work? no (e) Means of injury injury

23. Signature Chas M. D. D. (M. D. or other) 2-19-43

Address Dixon, Mo. Date signed 2-19-43

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

3500

RECEIVED

Pulaski County Health Officer

File Number 3-43-35

Date Filed 3-9-43

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.....

February 19, 1943

....., Registered Apprentice No.....

working under my personal supervision.

Signed Fred W. Gilchrist

Licensed Embalmer No. 2341

P. O. Address Dixon, Missouri

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.