

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

15642

State File No.

1943

Registrar's No.

1220

Primary Registration District No.

2116

FILED APR 19 1943 334

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

1. PLACE OF DEATH:

(a) County Scott  
(b) City or town Charleston, Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: R.F.D. #2 / Box 103  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 20 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott  
(c) City or town Charleston, Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.F.D. #2 Box 103  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country None

3. (a) PRINT FULL NAME John Arl Howard

3. (b) If veteran, name war No 3. (c) Social Security No. 490-18-0193

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

6. (b) Name of husband or wife Sadie E. Howard 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased October 29 1887  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
55 3 22 hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Sample Jones Howard

13. Birthplace Cape Girardeau Co. Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Serilda Proffer

15. Birthplace Cape Girardeau Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Sadie E. Howard

(b) Address Charleston, Mo. R. #2 Box 103

17. (a) Burial (b) Date thereof 2-22-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove - Charleston, Mo

18. (a) Signature of funeral director John P. Hummel

(b) Address Charleston, Mo

19. (a) 4-8-1943 (b) John P. Hummel  
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21  
year 1943 hour 1 minute 0 A.M.

21. I hereby certify that I attended the deceased from Feb 20  
1943, to Feb 21 1943;  
that I last saw him alive on Feb 20 11:55 PM 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Angina  
Duration 1 hr.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions 94 lb  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Paul S. Baum (M. D. or other) \_\_\_\_\_  
Address Charleston Mo Date signed 2/22/43

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2

District File Number 443-546

Date Filed 4-15-48

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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 *John F. Hummel Jr*

Licensed Embalmer No. 3857

P. O. Address *Charleston, 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.