V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 27 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18261

Registration District No. 175 Primary Registration District No. ~~175~~ 4276 Registrar's No. 65

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Pierce City
(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 ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55 4
(c) City or town Pierce City 0
(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 0

3. (a) PRINT FULL NAME David Edgar Howard
3. (b) If veteran, name war Spanish-American
3. (c) Social Security No. .....
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Ellen Carlson
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased June (Month) 3 (Day) 1876 (Year)

8. AGE:	Years	Months	Days	If less than one day
	66	10	26	..... hr. ..... min.

9. Birthplace McDonald County (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Meat Cutter
11. Industry or business Grocery
FATHER
12. Name Sam Huston Howard
13. Birthplace Tennessee State (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name Margaret Phillips
15. Birthplace Tennessee State (City, town, or county) (State or foreign country) 1
16. (a) Informant Mrs. Ed Howard
(b) Address Pierce City, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-30-43 (Month) (Day) (Year)
(c) Place: burial or cremation Pierce City Cemetery
18. (a) Signature of funeral director V. A. Niemeyer
(b) Address Pierce City Mo.
19. (a) 4-30-43 (Date received local registrar) (b) Eunice Greene by a mr (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 29 year 1943 hour 4 minute 45A M.
21. I hereby certify that I attended the deceased from Mar. 23, 1939, to Apr 29, 1943 that I last saw him alive on Apr 28, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cancer of head of pancreas	10 Mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

46 g

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury 2
23. Signature Charles S Moore (M. D. or other) D.O.
Address Pierce City Date signed 4/30/43.

1156 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 543-669
Date Filed MAY 26 1943

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 Victor C. Meemeyer

Licensed Embalmer No. 3822

P. O. Address Pierce City 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.