. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 7 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24821

State File No.

Registration District No. 9 | Primary Registration District No. 5379 | Registrar's No. 129

1. PLACE OF DEATH

(a) County: DeKalb

(b) City or town: Rural Amity Mo.
(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 years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan

(c) City or town: St Joseph
(If outside city or town limits, write "RURAL")

(d) Street No.: 2522 Pacific
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country: /

3. (a) PRINT FULL NAME: Paul Preston Howell Jr

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: Married

6. (b) Name of husband or wife: Joan Eckelberry

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

7. Birth date of deceased: June (Month) 7 (Day) 1914 (Year)

8. AGE: Years 29 | Months 1 | Days 8 | If less than one day: ..... hr. ..... min.

9. Birthplace: St Joseph (City, town, or county) Mo (State or foreign country)

10. Usual occupation: Pilot

11. Industry or business: .....

MOTHER FATHER

12. Name: Paul P. Howell

13. Birthplace: Oregon (City, town, or county) Mo (State or foreign country)

14. Maiden name: Nellie Lazier

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

16. (a) Informant: Mrs Jean Howell

(b) Address: 2522 Pacific St Joseph

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-17-43 (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park Cem

18. (a) Signature of funeral director: Fleeman & Son Dir

(b) Address: St Joseph Mo.

19. (a) 7-16-43 (Date received local registrar) (b) [illegible] (Registrar's signature)

1248 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1943 hour 9 minute 15 a M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death: Multiple fractures extreme

Due to: Airplane crash

Due to: .....

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 032

(b) Date of occurrence: 7-15-43

(c) Where did injury occur? Rural Amity (City or town) DeKalb (County) Mo. (State)

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

While at work? Yes (Specify type of place) (e) Means of injury: Plane Crash

23. Signature: E. A. Kleykamp Capt MC (M. D. or other)

Address: Base Hospital Rosecrans Field Date signed 7-16-43

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~~ .....

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

working under my personal supervision.

Signed Robert H Gopel

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.