

S. No. 2
M-5-42
5-17-39
1 x32

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27857

State File No.

Registrar's No. 271

FILED SEP 10 1943
Registration District No. 7

Primary Registration District No. 5169

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Rural- Nine Mile Prairie Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1/2 Mile East of Williamsburg
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 8 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
(c) City or town Rural-1/2 Mi. East of Wmsburg
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN ADOLPH HOWARD

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Mary B. Howard 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Jan. 17, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 7 11 hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farming

12. Name L. T. Howard

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

14. Maiden name Martha Elizabeth Hunt

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

16. (a) Informant Mrs Mary B Howard

(b) Address Williamsburg, Mo.

17. (a) Burial (b) Date thereof 8/29/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Church Cem.

18. (a) Signature of funeral director Lee G. Wallace

(b) Address Fulton, Mo.

19. (a) 8-29-1943 (b) John Moschhoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28 th
year 1943 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from July
1942 to August 28, 1943

that I last saw h. im alive on June 26, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Gastric Carcinoma Duration 3 yrs.

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) (Country) (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 J. A. Squires (M.D. or other) _____
Address Fulton Mo. Date signed 8/29/42

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

MOTHER FATHER

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 C. White*

Licensed Embalmer No. *4168*

P. O. Address..... *Fulton, 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.