

FILED SEP 17 1943 35

Registration District No.

Primary Registration District No. 6118

Registrar's No.

1. PLACE OF DEATH:

(a) County Scott  
(b) City or town Oran (Rural) Sullivan  
(c) Name of hospital or institution:  
Route 1, box 29  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott  
(c) City or town Oran (Rural)  
(d) Street No. Route 1, Box 29  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Wiley Howlett

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

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

6. (b) Name of husband or wife Hallie Howlett 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased April 27, 1868  
(Month) (Day) (Year)

8. AGE: Years 75 Months 3 Days 29 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business -----

12. Name Jesse Howlett

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

14. Maiden name Catharine (Unknown)

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

16. (a) Informant Mrs. Hallie Howlett

(b) Address R. 1, Box 29, Oran, Mo.

17. (a) Burial (b) Date thereof Aug. 29, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
McMullen Cemetery

(c) Place: burial or cremation

18. (a) Signature of funeral director F. J. Sparks  
(b) Address Cape Girardeau, Mo.

19. (a) 9-2/43 (b) H. P. Lickman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25 year 1943 hour 2 minute 05 P. M.

21. I hereby certify that I attended the deceased from July 23, 1943, to August 23, 1943, that I last saw him alive on August 23, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of kidney  
Carcinoma of prostate

Other conditions: Arterio-sclerosis  
(Include pregnancy within 3 months of death)

Major findings: Of operations 51 f  
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) (c) Means of injury  
23. Signature H. Skilling (M.D. or other) MD  
Address Oran, Mo. Date signed 8/31/43

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

MOTHER FATHER

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 9-13-1153

Date Filed 9-13-13

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..... Frank Sparks

Licensed Embalmer No. 3455

P. O. Address. Cape Girardeau

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.