

No. 2
-2-43
-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42640

State File No. _____

FILED JAN 3 1944
Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 667

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin

(c) Name of hospital or institution:
20th and Connor Avenue
(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) 50 years

2. USUAL RESIDENCE OF DECEASED: 49

(a) State Missouri (b) County Jasper

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL") 3

(d) Street No. 202 Wall Avenue
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME William P. Howard

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3
year 1943 hour 11:45 minute A M.

21. I hereby certify that I attended the deceased from _____
to _____ 19____
that I last saw him Did not see him alive alive on _____ 19____
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or Race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dollie Howard

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

7. Birth date of deceased November 17, 1873
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion

Duration _____

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>		<u>16</u>	_____ hr. _____ min.

Due to _____

Due to _____

9. Birthplace Mount Vernon Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Justice of the Peace

Other conditions (include pregnancy within 3 months of death) 94a

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name Charles A. Howard

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

14. Maiden name Elizabeth Bridges

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

16. (a) Informant Mrs. Dollie Howard

(b) Address 202 Wall, Joplin, Missouri

17. (a) burial (b) Date thereof 12/6/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park

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? _____

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 12-6-43 (b) Arthur S. Smith
(Date received local registrar) (Registrar's signature)

23. Signature R.H. Webster 3 Coroner
While at work _____ (Specify type of place) (M. D. or other)
Address Carthage Mo Date signed Dec 3 43

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

43-12-1014

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.