No. 2
-2-43
17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1943

FILED FEB 10 1944

Registration District No. 1944 — Primary Registration District No. 5045

Registrar's No. 61

1. PLACE OF DEATH:

(a) County: Barry

(b) City or town: Purdy Rural Wheaton Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None /
(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 .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Barry

(c) City or town: Purdy Rural Wheaton Twp.
(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: Ida Howerton

3. (b) If veteran, name war: no

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~: Widowed

6. (b) Name of husband ~~or wife~~: Lee Howerton

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

7. Birth date of deceased: May (Month) 31 (Day) 1874 (Year)

8. AGE: Years 69 | Months 6 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace: Temple (City, town or county) Texas (State or foreign country)

10. Usual occupation: House wife

11. Industry or business .....

FATHER
12. Name: D. K.
13. Birthplace: U. K. (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name: D. K.
15. Birthplace: U. K. (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Curtis Howerton
(b) Address: Box 390 - Joplin Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-17-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Cornerona

18. (a) Signature of funeral director: Wheaton Funeral Home
(b) Address: Wheaton Mo

19. (a) Dec 31-1943 (Date received local registrar) (b) Grace Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16 year 1943 hour 6 minute ~~5:00~~ A.M.

21. I hereby certify that I attended the deceased from Dec 13, 1943 to Dec 16, 1943 that I last saw her alive on Dec 15, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hemiplegia	3 days
Due to: Hypertension	5 yrs.
Due to:	
Other conditions (Includes pregnancy within 3 months of death): Valvular Heart disease	6 yrs.

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) (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) (e) Means of injury .....

23. Signature: John R. Ellison (M. D. or other) D.O.
Address: Wheaton Mo. Date signed: Dec 20 '43

1077

(Licensed Embalmer's Statement on Reverse Side)

144 - 123

JAN-31-1944

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 Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Caswell, M

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.