

S. No. 2  
-1441  
5-17-39  
PI X26390

DEPARTMENT OF COMMERCE  
- BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 18853

FILED JUN 8 1944 74

Primary Registration District No. 4405

Registrar's No. 159

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Green Ridge (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 Three years (Specify whether years, months or days)

In this community Three years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis

(c) City or town Green Ridge Mo. (If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James E. Howard

3. (b) If veteran, name war World War I

3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

Birth date of deceased Feb 6 1897

(Month) (Day) (Year)

8. AGE: Years 47 Months 3 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Benton Co, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer-Laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Albert M. Howard

13. Birthplace Benton Co, Mo. (City, town, or county) (State or foreign country)

14. Maiden name Ella M. Kindle

15. Birthplace Benton Co, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Lydia Fidler

(b) Address Sedalia Mo. Rout # 4.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-44 (Month) (Day) (Year)

(c) Place: burial or cremation Clymax Springs Mo.

18. (a) Signature of funeral director B.F. Parker

(b) Address Ia. Monte Mo.

19. (a) May-8-44 (Date received local registrar) (b) Lu Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 8 year 44 hour 17 minute 25 P. M.

21. I hereby certify that I attended the deceased from 5-8-44 to 5-10-44 that I last saw him alive on 5-10-44 and that death occurred on the date and hour stated above:

Immediate cause of death Essentially some organic heart disease noted while driving his automobile Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: 95c 2

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 3

23. Signature W J Bishop (M. D. or other) \_\_\_\_\_

Address Sedalia Mo Date signed 5-8-44

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

90  
0  
0

80  
0

0

0

1022

(Licensed Embalmer's Statement on Reverse Side)

JUN 30 1944

RECEIVED

District Health Officer No. 8,

File Number

Filed 7-6-44

JUN 9 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

B. F. Parker

Licensed Embalmer No. 1592

P. O. Address La Monte 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.