

X35697

Registration District No. 1198

Primary Registration District No. 4310

Registrar's No. 58

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

1. PLACE OF DEATH:

(a) County Macon

(b) City or town Bever  
(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 ✓ (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon 61

(c) City or town Bever  
(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 CHARLEY F. HOWELL

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 8 year 44 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 28 1944 to June 8 1944 that I last saw him alive on June 8 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race wh

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

6. (b) Name of husband or wife Mary R Howell

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Oct 10 (Month) 1855 (Day) (Year)

Immediate cause of death Coronary artery thrombosis 2 days

Duration \_\_\_\_\_

8. AGE: Years 88 Months 7 Days 13 If less than one day hr. ✓ min. ✓

9. Birthplace Illinois (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation Retired Coal Miner

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

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

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

MOTHER FATHER

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

12. Name Theodore Howell

13. Birthplace unknown (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name ✓

15. Birthplace ✓ (City, town, or county) \_\_\_\_\_ (State or foreign country)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Clark Howell

(b) Address Bever Mo

17. (a) Burial (b) Date thereof 6-11-44 (Month) (Day) (Year)

(c) Place: burial or cremation Hebron Cemetery

18. (a) Signature of funeral director H.S. Edwards

(b) Address Bever Mo

19. (a) 6-15-44 (Date received local registrar) (b) Winnie J. Rowland (Registrar's signature)

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 W. Durdan (M. D. or other) Do

Address Callao, Mo Date signed \_\_\_\_\_

1298

RECEIVED

District Health Officer No. 10

District File Number 744-1329

Date Filed JUL 12 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

*H. S. Edwards*

Licensed Embalmer No. 1861

P. O. Address Beverly 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.