

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22030

FILED JUL 25 1944

3043

206

Registration District No. 259944

Primary Registration District No. 3043

Registrar's No. 206

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

134

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
1212 Fulton Avenue  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 4 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion <sup>64</sup>

(c) City or town Hannibal <sup>3</sup>  
(If outside city or town limits, write "RURAL") <sup>4</sup>

(d) Street No. 1212 Fulton Ave  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country U

3. (a) PRINT FULL NAME Levi ISSAC Howdeshell

3. (b) If veteran, name war \_\_\_\_\_

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9  
year 1944 hour 4:00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Jan 9 1944 to June 9 1944  
that I last saw him 9 AM alive on June 1 1944  
and that death occurred on the date and hour stated above.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Ada Alice Howdeshell

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Dec. 19 1858  
(Month) (Day) (Year)

Immediate cause of death Ventricular fibrillation sudden

Due to Chronic Myocarditis <sup>10 yr.</sup>

Due to Artero-sclerosis <sup>years</sup>

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>5</u>	<u>28</u>	_____ hr. _____ min.

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

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

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

93d

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

9. Birthplace Pike Co. Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming (retired)

11. Industry or business Farming

12. Name John Howdeshell

13. Birthplace Pike Co. Mo. 0  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Pheas

15. Birthplace Adair Co. Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Hurley Howdeshell

(b) Address 1212 Fulton Ave

17. (a) Burial (b) Date thereof June 12, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grand View

18. (a) Signature of funeral director Ray P. Schwantz

(b) Address 1000 Broadway

19. (a) 6-14-44 (b) R. W. Connor  
(Date received local registrar) (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. H. Vester (M. D. number) \_\_\_\_\_

Address Hannibal Mo Date signed 6-12-44

1146 (Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

Licensed Embalmer No. 4112

P. O. Address 1000 Broadway

**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.**