

U. S. No. 2
FORM-8-43
Rev. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28964**
Registrar's No. **176**

FILED AUG 10 1944

Registration District No. _____

Primary Registration District No. **3000**

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

1. PLACE OF DEATH:

(a) County **Adair**
(b) City or town **Kirkville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Community Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **5 days** years, months or days)

3. (a) PRINT FULL NAME **William Homer Howard**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced, **married**

6. (b) Name of husband or wife **Nellie Morton** 6. (c) Age of husband or wife if alive **70** years

7. Birth date of deceased **Oct - 18 - 1869**
(Month) (Day) (Year)

8. AGE: Years **74** Months **8** Days **17** If less than one day hr. min.

9. Birthplace **Baring Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Daniel Howard**

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

14. Maiden name **Francis Burkett**

15. Birthplace **uk** **Michigan**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lee Morton**

(b) Address **Kirkville, Mo.**

17. (a) **Burial** (b) Date thereof **July-8-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pleasant Ridge-Knox Co.**

18. (a) Signature of funeral director **Kath Hudson**

(b) Address **Edina, Mo.**

19. (a) **7-7-44** (b) **Mr. J. Wagner**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Knox**
(c) City or town **Baring** **rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **6 miles West of Greensburg, Mo.**
(If rural, give location)
(e) Citizen of foreign country? **1** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **5**
year **1944** hour **11** minute **35** P. M.

21. I hereby certify that I attended the deceased from **June 30**
1944 to **July 5** **1944**;
that I last saw him alive on **July 5** **1944**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia** Duration **3 days**

Due to **Chronic Glomerulonephritis** ?

Due to **131R**

Other conditions **Insile dementia**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(c) 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 **2**

23. Signature **M. T. Lutenesku** (M.D. or other) **DO**
Address **Kirkville, Mo.** Date signed **7-5-44**

1049

(Licensed Embalmer's Statement on Reverse Side)

JUL 11 1944

OCT 9 1944

RECEIVED

District Health Officer No. 10

District File Number 8-44-1382

Date Filed AUG 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 *Keth Hudson*

Licensed Embalmer No. *2415*

P. O. Address *Edina, Messon*

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.