

FILED JUL 24 1944

Registration District No. _____

Primary Registration District No. 4100

Registrar's No. 113

1. PLACE OF DEATH:

(a) County CASS
(b) City or town STRASBURG
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
STRASBURG
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE
In this community 35 YEARS
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CASS 19
(c) City or town STRASBURG 0
(If outside city or town limits, write "RURAL")
(d) Street No. STRASBURG 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country XXX 0

3. (a) PRINT FULL NAME WILLIAM HENRY HOWARD

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWER
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased MARCH 26 1855
(Month) (Day) (Year)

8. AGE: Years 89 Months 3 Days 11 If less than one day hr. _____ min. _____

9. Birthplace JONES COUNTY IOWA
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED FARMER

11. Industry or business SAME

MOTHER FATHER

12. Name UNKNOWN 9
13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant WALTER HOWARD

(b) Address HOLDEX, MO.

17. (a) BURIAL (b) Date thereof 7-9-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation STRASBURG MO.

18. (a) Signature of funeral director Canada & Rapp

(b) Address Holden Mo.

19. (a) July 18, 1944 (b) Margaret Valle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 7
year 1944 hour 10:30 minute P M.

21. I hereby certify that I attended the deceased from 10-7, 1943, to 7-7, 1944;
that I last saw him alive on 7-6, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Aortic Insufficiency
Due to Arterio Sclerosis
Due to _____
Other conditions (include pregnancy within 3 months of death) 92a

Duration Several months

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 W. Beckman (M. D. or other) _____
Address Strasburg Mo Date signed 7/10/44

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

1900

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. 3434

P. O. Address Holden, 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.