

FILED JAN 17 1945

Registration District No. _____

Primary Registration District No. 3000

Registrar's No. 332

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirkville Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 607 E. Fillmore St
(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 Adair
(c) City or town Kirkville
(If outside city or town limits, write "RURAL")
(d) Street No. 607 E. Fillmore St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EVERETT J. HOWARD.

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife Theo 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 3-31-1893
(Month) (Day) (Year)

8. AGE: Years 51 Months 8 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Fremont, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business auto parts

12. Name Oliver H. Howard

13. Birthplace South Brit, Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Hoggston

15. Birthplace Fillmore
(City, town, or county) (State or foreign country)

16. (a) Informant Theo Howard

(b) Address Kirkville Mo

17. (a) Burial (b) Date thereof 12-10-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park

18. (a) Signature of funeral director Summerst

(b) Address Kirkville Mo

19. (a) 12-26-44 (b) Dr. W. J. Wagner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8th
year 1944 hour 3 minute 30 P M.

21. I hereby certify that I attended the deceased from December 2nd
1944, to December 8th 1944;
that I last saw him alive on Dec 6th 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death acute myocardial failure
Due to pernicious anemia
Due to _____

Other conditions 1730
(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:
(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? _____

(Specify type of place) (a) Means of injury 2
While at work? _____
23. Signature Crawford M. Esterline (M.D.) Do.
Address Kirkville, Mo. Date signed 12/8/44

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

RECEIVED

District Health Officer No. 10

District File Number 1-45-18875

Date Filed JAN 9 1945

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.....

P. O. Address.....

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.