

FILED FEB 13 1945  
Registration District No. 292

Primary Registration District No. 5999

Registrar's No.

1. PLACE OF DEATH:

(a) County... Ralls  
(b) City or town... Center, R F D No 2 Center  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Sur  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community... Life time / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Mo (b) County... Ralls 89  
(c) City or town... Center RFD # 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Jerimiah A Howald

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife... Barbra Howald 6. (c) Age of husband or wife if alive... 69 years  
7. Birth date of deceased... Feb 27 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 10 24 hr. 0 min.

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

10. Usual occupation Farmer

11. Industry or business Own Farm

12. Name John Howald

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

14. Maiden name Diana Lindawood

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

16. (a) Informant Alfred Howald

(b) Address Center Mo

17. (a) Burial (b) Date thereof Jan 24 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grand View Burial Park Residence

18. (a) Signature of funeral director. Resk Shure

(b) Address Center Mo

19. (a) Jan 23 45 (b) Mrs. Eax Perkins  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION:

20. DATE OF DEATH: Month Jan day 21st  
year 1945 hour 0 minute 0 M.

21. I hereby certify that I attended the deceased from no  
medical attention. 19...  
that I last saw h... alive on... 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death suicide Duration

Due to Sunshot wound in Head.

Other conditions... (Include pregnancy within 3 months of death)

Major findings: Of operations... 164C 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) suicide.  
(b) Date of occurrence Jan-21-1945  
(c) Where did injury occur? Ralls, Mo.  
(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 Sunshot

23. Signature Charles W. Wilson, Coroner  
Address Perry, Mo 3 Date signed 1/21/45

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

MOTHER FATHER

1135

JUN 21 1951

RECEIVED

Health Officer No. 10

District File Number 2-45-268

Date Filed FEB 11 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 Geo. R. Hulse

Licensed Embalmer No. 4263

P. O. Address Circle No.

**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.**