

FILED MAR 12 1945
Registration District No. **27**

Primary Registration District No. **4411**

Registrar's No. **3**

210
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Baker**
(b) City or town **Bowling Green Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Pike 82**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Jeremiah W^m Howington**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

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

6. (b) Name of husband or wife **Retta Howington** 6. (c) Age of husband or wife if alive **68** years

7. Birth date of deceased. **Feb. 10th 1866**
(Month) (Day) (Year)

8. AGE: Years **78** Months **11** Days **22** If less than one day hr. min.

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

10. Usual occupation **farmer**

11. Industry or business

12. Name **John Howington**

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

14. Maiden name **Gynthia Moore**

15. Birthplace **Dont Know**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Retta Howington**

(b) Address **Bowling Green Mo.**

17. (a) **Burial** (b) Date thereof **Feb 4 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Clarksville Mo.**

18. (a) Signature of funeral director **Grace Barshhead**

(b) Address **Bowling Green Mo.**

19. (a) **Feb 10-45** (b) **Mrs. Frank Gadan**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **2nd** year **1945** hour **9** minute **15** M.

21. I hereby certify that I attended the deceased from **Feb 4th** to **Feb 2nd**, 19**45**.
that I last saw him alive on **Feb 2nd**, 19**45**.
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute dilatation of the heart.**

Due to
Due to
Other conditions **acute myocardium**
(Include pregnancy within 3 months of death)

PHYSICIAN
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?

While at work? (Specify type of place) (e) Means of injury

23. Signature **J. B. ... M.D.** (M. D. or other)
Address **Bowling Green, Mo.** Date signed **2/17/45**

RECEIVED

District Health Officer No. 10

District File No. 3-45-434

Date Filed MAR 8 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 *Grace Denshead*
Licensed Embalmer No. *2,204*
P. O. Address *Bowling Green, 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.