

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3550

State File No. _____

Registrar's No. _____

FILED FEB 4 1946

Registration District No. 265

Primary Registration District No. 6292

1. PLACE OF DEATH:

(a) County Ozark
(b) City or town Thornfield, Rural, Thornfield
(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 _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME

Orville Taylor Howerton

3. (b) If veteran,

name war _____

3. (c) Social Security

No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 10, 1933

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

12

4

14

hr.

min.

9. Birthplace

Thornfield, Missouri

(City, town, or county)

(State or foreign country)

10. Usual occupation

Schoolboy

11. Industry or business

MOTHER FATHER

12. Name

Herbert E. Howerton

13. Birthplace

Thornfield, Missouri

(City, town, or county)

(State or foreign country)

14. Maiden name

Eulan Marsh

15. Birthplace

Thornfield, Missouri

(City, town, or county)

(State or foreign country)

16. (a) Informant

Mrs. E. C. Howerton

(b) Address

Thornfield, Missouri

17. (a)

Burial

(Burial, cremation, or removal)

(b) Date thereof

Dec. 26, 1945

(Month) (Day) (Year)

(c) Place: burial or cremation

Thornfield

18. (a) Signature of funeral director

Clinkingbeard Funeral Home

(b) Address

Ava, Missouri

19. (a)

Jan-1-1946 (b)

May Johnson (Registrar's signature)

(Date received local registrar)

(Date received local registrar)

243

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ozark
(c) City or town Thornfield, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____
(Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24
year 1945 hour 11 minute 15 A. M.

21. I hereby certify that I attended the deceased from 1944 to Dec 24
that I last saw him alive on Dec 15
and that death occurred on the date and hour stated above.

Immediate cause of death

Bronchial Pneumonia

Duration

2 wk

Due to

Reptomeningitis
since age 7 5 yrs -
Other conditions: Diabetes

7 yr

7 yr

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)

(c) Means of injury _____

23. Signature

M. J. Haerman

(M. D. or other) MD

Address

Thornfield, Mo

Date signed 12/29/45

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

W B Hutchison

Licensed Embalmer No.

3431

P. O. Address

Gra 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.