

No. 2
5-43
5-17-39
I X36871

FILED FEB 14 1946

Primary Registration District No. **2053**

Registrar's No. **25**

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

1. PLACE OF DEATH:
 (a) County Shelby
 (b) City or town Rella
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1403 Martin Street 1
 (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 Shelby
 (c) City or town Rella
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1403 Martin
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME William Siamon Howard
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race wh
 6. (a) Single, widowed, married, divorced, married
 6. (b) Name of husband or wife Yellie Howard
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Jan 30 1883
 (Month) (Day) (Year)

8. AGE: Years 62 Months 11 Days 7
 If less than one day _____ hr. _____ min.

9. Birthplace Barnes
 (City, town, or county) (State or foreign country)
 10. Usual occupation Railway worker - Retd

11. Industry or business
 12. Name Walter Howard
 13. Birthplace Ill
 (City, town, or county) (State or foreign country)
 14. Maiden name Rachel Bunch
 15. Birthplace Ill
 (City, town, or county) (State or foreign country)

16. (a) Informant Walter Howard
 (b) Address Monett Mo
 17. (a) Funeral (b) Date thereof Jan 10 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Reachtown

18. (a) Signature of funeral director Walter Howard
 (b) Address Rella Mo
 19. (a) Jan 28 1946 (b) Mrs Juanita Harvey
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 7
 year 1946 hour 4 minute am
 21. I hereby certify that I attended the deceased from Feb 15
 at _____ to Jan 7 at _____, 1946
 that I last saw h. im alive on Dec 13, 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular failure + cessation of respiration
 Due to Coronary embolic disease
 Due to Rheumatic heart disease
 Other conditions Hypertension
 (Include pregnancy within 3 months of death)
general debility
 Major findings:
 Of operations _____
 Of autopsy _____
 Duration _____
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)
 _____ (Means of injury)
 23. Signature Richard E. Thayer (M. D. or other)
 Address Newburg Mo Date signed Jan 8 1946

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MAR 4 1940

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. 3397

P. O. Address Riverside 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.