

FILED MAR 1 1946
Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirkville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Grim-Smith Hospital & Clinic
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

(c) City or town Kirkville
(If outside city or town limits, write "RURAL")

(d) Street No. 108 E. Normal
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country.

3. (a) PRINT FULL NAME Stephen Withaup Howard

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 13 years

7. Birth date of deceased January 13 1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 hr. min.

9. Birthplace Kirkville, Grim-Smith Hospital, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business

MOTHER FATHER

12. Name James Albert Howard

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

14. Maiden name Jessie Opal Withaup

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

16. (a) Informant James Albert Howard

(b) Address Kirkville, Mo.

17. (a) Burial (b) Date thereof 1/15/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Manle Hills Cemetery

18. (a) Signature of funeral director DEE Riley

(b) Address Kirkville, Missouri

19. (a) 1-21-46 (b) Kate Lambert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14
year 1946 hour 12:00 minute P: M.

21. I hereby certify that I attended the deceased from Jan., 13 1946 to Jan., 14 1946
that I last saw him alive on January 14 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Premature
6 1/2 mo. gestation

Due to

Due to

Other conditions 159
(Include pregnancy within 3 months of death)

Major findings: 159
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) (e) Means of injury

23. Signature [Signature] (M. D. or other) MD
Address Kirkville, Mo. Date signed 1/16/46

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

3481

RECEIVED

District Health Officer No. 10

District File Number 2-46-326

Date Filed FEB 28 1946

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

Beverley

Licensed Embalmer No. 4181

P. O. Address *East Kenville 40*

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.