No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1946

Registration District No. 15 L.

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5584

State File No. 6192

Registrar's No. 30

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Rural - McDonald Twn.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route #1, Golden City, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 37 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Rural - McDonald Twn.
(If outside city or town limits, write "RURAL")

(d) Street No. Route #1, Golden City, Mo.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME SHIRLEY J. HOWARD

3. (b) If veteran, name war None

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 Frances N. White Howard

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased April (Month) 15 (Day) 1875 (Year)

8. AGE: Years	Months	Days	If less than one day
70	10	0	..... hr. ..... min.

9. Birthplace Lawrence County, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farming

11. Industry or business .....

FATHER
12. Name Alonzo H. Howard
13. Birthplace Nashville, (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Sarah E. Box
15. Birthplace Lawrence Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. V. W. Taunton
(b) Address Route #1, Golden City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-18-46 (Month) (Day) (Year)
(c) Place: burial or cremation Fasken Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address Carthage, Missouri

19. (a) 2-19-46 (Date received local registrar) (b) L. B. Clinton M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15, year 46 hour 7:50 minute P. M.

21. I hereby certify that I attended the deceased from Dec 25 1945 to Feb 15 1946, that I last saw him alive on Feb 14 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage with coma and	4½ days
Due to: paralysis of right side of body —	
Due to: Gradual debility of vital powers.	
Other conditions (Include pregnancy within 3 months of death):	
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) (e) Means of injury 2

23. Signature Raymond A. Chilson (M.D. or other) M.D.
Address Golden City, Mo. Date signed 2-17-46

139 (Licensed Embalmer's Statement on Reverse Side)

46-2-186

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 John Stephen Dennen

Licensed Embalmer No. 4194

P. O. Address Carthage, Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.