

No. 2
M-5-43
5-17-39
X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17454**
Registrar's No. **17**

FILED JUN 10 1946

Registration District No. **226**

Primary Registration District No. **4937**

1. PLACE OF DEATH:
(a) County **Monroe County**
(b) City or town **Madison Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
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 **all his life** years, months or days

3. (a) PRINT FULL NAME **Joseph Edward Howchins**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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 **May 23 1860**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 11 13 hr. min.

9. Birthplace: **Madison Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Caretaker**

11. Industry or business:

MOTHER FATHER
12. Name **Benjamin Howchins**
13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)
14. Maiden name **Martha Grove**
15. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Frank Howchins**

(b) Address: **Madison, Missouri**
17. (a) Burial (b) Date thereof **May 6 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Madison Cemetery**

18. (a) Signature of funeral director: **G. E. Heppner**
(b) Address: **St. Clairville, MO**

19. (a) May 11 1946 (b) **Chas. Little**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Monroe**
(c) City or town **Madison**
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **5**
year **1946** hour **11** minute **0** M.
21. I hereby certify that I attended the deceased from **Mch 5**
1946, to **May 1st** **1946**
that I last saw him alive on **May 1st** **1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral arteriosclerosis**
Due to **Senility**
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Duration
2 yrs

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)
(c) Means of injury _____
23. Signature: **Elbert Baker** (M. D. or other) _____
Address **Paris** Date signed **May 10 46**

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

16334

RECEIVED
District Health Officer No. 10
District File Number 6-46-112
Date Filed JUN 6 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.....

Louis C. Hopper

Licensed Embalmer No. 42

P. O. Address.....

Clarence W.

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.