

No. 2
1-5-43
5-17-39
I X38671

DEPARTMENT OF COMMERCE... THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

State File No. 29873
Registrar's No. 218

FILED SEP 17 1946

Registration District No. 17 Primary Registration District No. 3016

1. PLACE OF DEATH:
(a) County Coleman
(b) City or town Jefferson City
(c) Name of hospital or institution 613 Bondwin
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(d) Street No. 613 Bondwin
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jerry Lee Howard
(b) If veteran, name war
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 9 - 7 - 46 day
year 1946 hour 8 minute 0 M.
21. I hereby certify that I attended the deceased from 4-19-46
to 9-7-46
that I last saw him alive on 9-7-46
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color White
6. (a) Single, widowed, married, divorced Single
(b) Name of husband or wife
(c) Age of husband or wife if alive years
7. Birth date of deceased Dec. 31 1938
(Month) (Day) (Year)

Immediate cause of death Rheumatic heart disease
Duration

8. AGE: Years 7 Months 8 Days 6
If less than one day hr. min.

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 95B
Of autopsy

9. Birthplace Jefferson City Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Child

11. Industry or business
12. Name John Howard
13. Birthplace Jefferson City Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Josephine
15. Birthplace Cole County Mo.
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER
16. (a) Informant John Howard
(b) Address 613 Bondwin
17. (a) Burial (b) Date thereof 9-8-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pyram
18. (a) Signature of funeral director Pyram Service
(b) Address 702 S. 1st
19. (a) 9-16-46 (b) R. P. Harris MD
(Date received local registrar) (Registrar's signature)

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 Wm. J. McNeill D. or other)
Address 404-5 Central Trust Bldg Date signed 9-46

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

26
5
4

28709

RECEIVED
District Health Officer No. 9
District File Number 9-46-156
Date Filed 9-18-46

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 *J. H. Anderson*.....

Licensed Embalmer No. *3641*.....

P. O. Address *Juno*.....

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.