

FILED SEP 21 1946

Registration District No. 92

Primary Registration District No. 2347

Registrar's No. 63

1. PLACE OF DEATH:
 (a) County Dallas
 (b) City or town Buffalo
 (If outside city or town limits, write "RURAL" and name of township)
North Benton
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community life
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri County Dallas
 (b) City or town Buffalo
 (If outside city or town limits, write "RURAL")
 (d) Street No. North Benton
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JOSEPH E HOWARD
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or 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 Dec 21 1878
 (Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days 24
 If less than one day hr. _____ min. _____

9. Birthplace Dallas Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business _____

12. Name Billy Howard
 13. Birthplace unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Sachal Phillips
 15. Birthplace Dallas Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant Will Wamey
 (b) Address Buffalo Mo

17. (a) Burial (b) Date thereof 9-28-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedar Ridge

18. (a) Signature of funeral director L B Jones

(b) Address Buffalo Mo

19. (a) Oct 12-46 (b) Sam Peter
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26
 year 46 hour 11 minute 45A M.
 21. I hereby certify that I attended the deceased from 12 August 1946 to 21 Sept 1946
 that I last saw him alive on 21 Sept 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Terminal bronchial pneumonia Duration 6 days
 Due to Cardiac Decompensation 4 wks

Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 95C
 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) (c) Means of injury _____

23. Signature Osbuffer MD (M.D. or other) _____
 Address Buffalo Date signed Oct 46

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

31967

RECEIVED
District Health Officer No. 71
District File Number 8-11-1968
Date filed 10-1-1968

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 Mavis B. Jones
Licensed Embalmer No. 4322
P. O. Address Buffalo, 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.