. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

34825

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 2 1946

Registration District No. 13

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36023

Primary Registration District No. 4026

Registrar's No. 90

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Purdy
(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 ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5

(c) City or town Purdy 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Donald Eugene How

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 infant

6. (b) Name of husband or wife .....

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

7. Birth date of deceased August (Month) 27 (Day) 1946 (Year)

8. AGE: Years | Months 2 | Days 25 | If less than one day ..... hr. ..... min.

9. Birthplace Purdy (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation none

11. Industry or business none

FATHER
12. Name William How
13. Birthplace ..... (City, town, or county) ..... (State or foreign country)

MOTHER
14. Maiden name Viva Moore
15. Birthplace ..... (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant William How
(b) Address Purdy, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 23 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Arnhart Cemetery

18. (a) Signature of funeral director Blankenship
(b) Address Monett, Mo.

19. (a) 11-23-46 (Date received local registrar) (b) W. M. West (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22
year 1946 hour 3 minute 30 P. M.

I hereby certify that I attended the deceased from Nov 22, '46 to Nov 22, 1946, to ....., 19..., that I last saw him alive on Nov 22, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchial Pneumonia	4 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

107

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury 2

23. Signature J. D. Baldwin (M. D. or other) 0

Address Purdy Mo. Date signed 11-23-46

12

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1146-1184
Date Filed NOV 29 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 L. H. Blankenship

Licensed Embalmer No. 2397

P. O. Address Monett, 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.