

FILED JAN 21 1947  
Registration District No. **47**

Primary Registration District No. **3008**

14  
1  
2  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
 (a) County **Callaway**  
 (b) City or town **Fulton**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**Callaway County Hospital**  
(If not in hospital or institution, write street number and location)  
 (d) Length of stay: In hospital or institution: **20 Days**  
 In this community **Six years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **ALEXANDER BANKS HOWISON**  
 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 **Married**  
 6. (b) Name of husband or wife **Hannah Lee** 6. (c) Age of husband or wife if alive **57 1/2** years  
 7. Birth date of deceased **October 8 1870**  
(Month) (Day) (Year)

8. AGE:	Years <b>76</b>	Months <b>3</b>	Days <b>9</b>	If less than one day hr. _____ min. _____
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9. Birthplace **Near Boydsville Missouri**  
(City, town, or county) (State or foreign country)  
 10. Usual occupation **Farming (Retired)**

11. Industry or business \_\_\_\_\_  
 12. Name **Albert Howison**  
 13. Birthplace **Va.**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Mary Banks Moore**  
 15. Birthplace **Callaway County Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. A. B. Howison**  
 (b) Address **Millersburg, Missouri**  
 17. (a) **Burial** (b) Date thereof **1-19-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Millerscreek Ch Cem**

18. (a) Signature of funeral director **Hallace Funeral Home**  
 (b) Address **7th & 6th Fulton, Missouri**  
 19. (a) **1-18-1947** (b) **Jesse Moushoffs**  
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Callaway**  
 (c) City or town **Millersburg**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **11th St. S. E.**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **JAN** day **17**  
 year **1947** hour **11** minute **A** M.  
 21. I hereby certify that I attended the deceased from **11 Dec 1947** to **17 Jan 1947**  
 that I last saw him alive on **17 Jan 1947**  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
**Nephrosclerosis with uremia  
 Coma and pneumonia  
 Generalized arteriosclerotic  
 Cardiovascular disease**  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions **Numerous cataracts and  
 Dermatitis secondary to uremia**  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy **93D**

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 **E. Rutledge Gohr M.D.**  
 23. Signature **E. Rutledge Gohr** (M. D. or other)  
 Address **7 West 10th Fulton, Mo.** Date signed **18 Jan 47**

Duration  
**4 days**  
**years**  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed JAN 21 1947

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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 Denzil C. Browning  
Licensed Embalmer No. 2724  
P. O. Address Fulton md

**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.**