

S. No. 2
-12-45
5-17-39
PI X47070

State File No. _____

FILED MAR 25 1947
Registration District No. 277

Primary Registration District No. 3045-

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Mississippi

(b) City or town Charleston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
906 E. Commercial St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community All of Life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

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

(d) Street No. 906 E. Commercial St.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Leonard Howlett

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 Widowed

6. (b) Name of husband or wife Ella McMullin Howlett

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

7. Birth date of deceased March 10, 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	77	11	28	hr. min.

9. Birthplace Charleston, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Retired.

MOTHER FATHER

12. Name Miles S. Howlett

13. Birthplace Bullett County, Kentucky.
(City, town, or county) (State or foreign country)

14. Maiden name Sue Viola Martin

15. Birthplace Greenville, Kentucky!
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rubye Thompson

(b) Address 906 E. Commercial, Charleston

17. (a) Burial (b) Date thereof 3-9-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F. Cemetery Charleston, Missouri

18. (a) Signature of funeral director John J. ...

(b) Address Charleston, Missouri.

19. (a) 3-17-47 (b) Mrs. John Bondurant
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th
year 1947 hour 2:00 minute 20 A.M.

21. I hereby certify that I attended the deceased from Feb 24 47 to March 8 47
that I last saw him alive on March 7, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 2wks Duration _____

Due to Cardiorenal disease

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none Of operations none Of autopsy none

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) _____ 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 0

23. Signature E. ... (M. D. or other) _____
Address Charleston, Mo. Date signed 3/15/47

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

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RECEIVED

District Health Office No. 23

District File Number 347-415

Date Filed 3-24-47

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 *John F. Hummel Jr*
.....

Licensed Embalmer No. 3851

P. O. Address *Charleston, 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.