

FILED JUN 10 1947

Registration District No. 290

Primary Registration District No. 5909

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Caruthersville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home Rural Route 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 33 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78
(c) City or town Caruthersville, Rural 10
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Henry Howard

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alice Howard 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased April 28, 1867
(Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days 8 If less than one day
hr. _____ min. _____

9. Birthplace Hardin, Co., Tenn. /
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Howard
13. Birthplace Hardin, Co., Tenn. /
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Crolts
15. Birthplace Hardin, Co., Tenn. /
(City, town, or county) (State or foreign country)

16. (a) Informant Dalton Blagburn
(b) Address Caruthersville, Mo. R.R. 1

17. (a) Burial (b) Date thereof 6/7/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Cemetery

18. (a) Signature of funeral director Th. S. Smith, Funeral Home
(b) Address Caruthersville, Mo.

19. (a) 6/9/47 (b) Miss B. Welk
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6
year 1947 hour 12 minute 05 A. M.

21. I hereby certify that I attended the deceased from June 2
1947 to June 6 1947.
that I last saw him alive on June 4
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary failure -
Due to Chronic myocarditis
Duration 4 days

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

Major findings:
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)
(2) Means of injury 0
25. Signature D. J. Cooper (M. D. or other)
Address Caruthersville, Mo. Date signed 6-7-47

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

6-47-189

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.....

Jack H. League..... Registered Apprentice No. *407*
working under my personal supervision.

Signed *James A. Osburn*.....
Licensed Embalmer No. *4185*
P. O. Address *Bartholomew, 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.