

FILED SEP 25 1947

Registration District No. 122

Primary Registration District No. 4201

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

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Republic
(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 Greene
(c) City or town Republic
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Polk Howell

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lena Howell 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Aug 12 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 1 3 hr. min.

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

10. Usual occupation Merchant

11. Industry or business _____

MOTHER FATHER

12. Name Jeff Howell

13. Birthplace Tenn. (City, town, or county) (State or foreign country)

14. Maiden name Sallie Forester

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

16. (a) Informant Mrs. Fred Hease

(b) Address Republic, Mo.

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

(c) Place: burial or cremation Greene Cemetery

18. (a) Signature of funeral director R. E. Williamson

(b) Address Republic, Mo.

19. (a) Sept 17 47 (b) Glorious Britain
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15
year 1947 hour 8 minute 20 A M.

21. I hereby certify that I attended the deceased from January
1 1945 to Sept 15 1947
and that death occurred on the date and hour stated above. Sept 15 1947

Immediate cause of death Fatty Degeneration of the Heart Duration _____

Due to Advanced age

Due to _____

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

Major findings: 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) _____

(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 _____

23. Signature E. R. Beat (M. D. or other) 0

Address Republic Mo. Date signed 9/17-47

RECEIVED

Greene County Health Office,

County File Number 47-9-83.....

Date Filed 9/24/47

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, ^{and} or by.....

John M. Habb....., Registered Apprentice No. 85-
working under my personal supervision.

Signed R. C. Thurman.....

Licensed Embalmer No. 5-03.....

P. O. Address Republic, 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.