S. No. 2
M—1/47
r. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

31686

State File No.

FILED SEP 25 1947

Registration District No. 110

Primary Registration District No. 3033

Registrar's No.

3
1
2

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

1. PLACE OF DEATH:
(a) County Laclede
(b) City or town Lebanon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wallace memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community 6 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Laclede 53
(c) City or town Conway 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME William Thomas Howerton
3. (b) If veteran, name war ✓
3. (c) Social Security No. none
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Howerton
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased April (Month) 18 (Day) 1868 (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	2	2	hr. min.

9. Birthplace Dallas Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Retired farmer
11. Industry or business
FATHER
12. Name Grief Howerton
13. Birthplace Tenn. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Matilda Chittim
15. Birthplace West Va. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Mary Howerton
(b) Address Conway Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-22-47 (Month) (Day) (Year)
(c) Place: burial or cremation Harmony
18. (a) Signature of funeral director W. E. Holman
(b) Address Lebanon Mo.
19. (a) Sept 13, 1947 (Date received local registrar) (b) Org Frankeberger (Registrar's signature) 157

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20 year 1947 hour 6 minute P. M.
21. I hereby certify that I attended the deceased from 2-24- 1947 to 6-20 1947 that I last saw him alive on 6-20 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	
Due to	
Due to	
Other conditions Prostatic Trouble (Include pregnancy within 3 months of death)	
Major findings: Of operations 32	
Of autopsy 9	

PHYSICIAN
Underline the cause of 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 0
23. Signature J W Lindsay (M. D. or other) MD
Address Conway Mo Date signed 6-22-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Received 9/23/47

Laclede County Health Unit

File No. 6-47-149

Date Filed 9/23/47

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.