

S. No. 2
DM-5-43
v. 5-17-39
I X36671

FILED OCT 25, 1947

Registration District No. _____

Primary Registration District No. 4287

Registrar's No. 53

1. PLACE OF DEATH:

(a) County... LINCOLN
(b) City or town... TROY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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... LINCOLN 57
(c) City or town... TROY 2
(If outside city or town limits, write "RURAL")
(d) Street No. _____ 0
(If rural, give location) _____ 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

FRANK HOWELL

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 _____

6. (c) Age of husband or wife if _____

7. Birth date of deceased. DEC 5 1863
(Month) (Day) (Year)

8. AGE: Years 83 Months 10 Days 5
If less than one day _____ hr. _____ min.

9. Birthplace LINCOLN Co - MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation LAWYER

11. Industry or business _____

12. Name JOSEPH HOWELL

13. Birthplace LINCOLN Co MO
(City, town, or county) (State or foreign country)

14. Maiden name HENRIETTA CARUTHERS

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

16. (a) Informant ISABEL HOWELL

(b) Address TROY, MO

17. (a) BURIAL (b) Date thereof OCT 13 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation TROY MISSOURI

18. (a) Signature of funeral director. Kenneth P. Riddle

(b) Address Troy, Mo

19. (a) OCT 19 1947 (b) Emma B. Riddle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 10
year 1947 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from Oct 1 -
1947 to Oct 10 1947
that I last saw him alive on Oct 10
and that death occurred on the date and hour stated above.

Immediate cause of death
Myocardial Infarction
Due to Scurvy

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration
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 J. B. Riddle (M. D. or other)
Address Troy, Mo Date signed Oct 19 1947

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

MOTHER FATHER

Date Filed 10-24-77

District File Number

District Health Officer No. 9,

RECEIVED

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.....

Joseph J. Marsh

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri

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.