

No. 2
-1/47
-17-39

FILED DEC 15 1947
Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **1445**

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

3. (a) PRINT FULL NAME **Ralph A. Howard**
 3. (b) If veteran, name war **no**
 3. (c) Social Security No. **none**

4. Sex **male**
 5. Color or race **white**
 6. (a) Single, widowed, married, divorced, **widowed**
 6. (b) Name of husband or wife **Flora**
 6. (c) Age of husband or wife if alive **years**
 7. Birth date of deceased **March 5 1879**
(Month) (Day) (Year)

8. AGE:
 Years **68** Months **8** Days **26**
 If less than one day **hr. min.**

9. Birthplace **Caldwell County Mo.**
(City, town, or county) (State or foreign country)
10. Usual occupation **Farmer**

11. Industry or business
12. Name **Robert G. Howard**
13. Birthplace **unk Ky.**
(City, town, or county) (State or foreign country)
14. Maiden name **Jessie B. Cross**
15. Birthplace **Caldwell County Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Margaret A. Evans**
(b) Address **St. Joseph, Missouri**
17. (a) removal **(b) Date thereof 12-2-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Cameron, Mo**

18. (a) Signature of funeral director **Alamy Funeral Home**
(b) Address **St. Joseph**
19. (a) 12-6-47 **(b) B. B. Jenkins**
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Clinton**
 (c) City or town **Cameron**
(If outside city or town limits, write "RURAL")
 (d) Street No. **South Chestnut**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **A**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec.** day **1**
 year **1947** hour **4** minute **50** P.M.

21. I hereby certify that I attended the deceased from **Nov. 25**, 19**47** to **Dec - 1**, 19**47**
 that I last saw h.i.m. alive on **Dec 1**, 19**47**
 and that death occurred on the date and hour stated above.

Immediate cause of death
Bronchiogenic Carcinoma
Hypertensive Cardiovascular Disease
 Due to **Diarrhea**
 Other conditions (Include pregnancy within 3 months of death)
None
 Major findings: Of operations **None**
 Of autopsy **As above**

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 **Louis G. Newhoff** (M. D. or other)
 Address **825 Charles St.** Date signed **12/2/47**

Duration
 PHYSICIAN
 Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

876109111111
JAN 17 1948

JAN 20 1948

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 _____

Charles M. Haman Registered Apprentice No. 450

working under my personal supervision.

Signed John Roy Stawey
Licensed Embalmer No. 2435
P. O. Address St Joseph

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.