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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED NOV 19 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **39002**  
Registrar's No. **20**

Registration District No. **231** Primary Registration District No. **4246**

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

**1. PLACE OF DEATH:**  
(a) County **Montgomery**  
(b) City or town **Montgomery City Mo**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Home**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community **Life** (Specify whether  
years, months or days)

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

**3. (a) PRINT FULL NAME** **Joe Howard**  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_  
4. Sex **M** 2 5. Color or race **C**  
6. (a) Single, widowed, married, divorced **S** 0  
(b) Name of husband or wife \_\_\_\_\_ (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **March 3 rs 1886**  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month **Aug** - day **11** <sup>th</sup>  
year **1947** hour **1** minute **7** P. M.  
21. I hereby certify that I <sup>visited</sup> attended the deceased from **August 13<sup>th</sup>** to **7:30 P.M.**  
that I last saw h. alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
**61** **5** **7** hr. min.  
9. Birthplace **Montgomery County Mo** (City, town, or county) (State or foreign country)

Immediate cause of death **Cerebral Hemorrhage** Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 5 months of death) \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
12. Name **Felix Howard**  
13. Birthplace **Montgomery Mo** (City, town, or county) (State or foreign country)  
14. Maiden name **Julia Johnson**  
15. Birthplace **Callaway Co Mo** (City, town, or county) (State or foreign country)  
16. (a) Informant **Otto Washington**  
(b) Address **Montgomery City Mo**  
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **8-14-47** (Month) (Day) (Year)  
(c) Place: burial or cremation **Montgomery City Cem**  
18. (a) Signature of funeral director **C. W. Hopkins**  
(b) Address **Montgomery City Mo**  
19. (a) **10-20-47** (Date received local registrar) (b) **W. J. Jones** (Registrar's signature)

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)  
Means of injury \_\_\_\_\_  
23. Signature **Clement W. Sumner** (M. D. or other) **3**  
Address **Montgomery City Mo** Date signed **11/14/47**

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed 11-18-47

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 333 on the 13th  
day of August 1947  
working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_  
Signed C. W. Hopkins

Licensed Embalmer No. 1487

P. O. Address Montgomery City 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.