

S. No. 2
OM-2-43
v. 5-17-39
I X35397

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 9 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42557**

Registration District No. **267**

Primary Registration District No. **5902**

Registrar's No. **61**

1. PLACE OF DEATH:
(a) County **Peniscot**
(b) City or town **Route 1 Hayti, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **3**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community **5 Days** years, months or days)

3. (a) PRINT FULL NAME **Terry Howard**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, ~~divorced~~, ~~widowed~~, ~~married~~
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **July 26 1947**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 28 hr. min.

9. Birthplace **Fort Knox, Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name **Clabern Howard**
13. Birthplace **Blackstar, Kentucky**
(City, town, or county) (State or foreign country)
14. Maiden name **Juanita Brogdon**
15. Birthplace **Charoletter, Arkansas**
(City, town, or county) (State or foreign country)

16. (a) Informant **Clabern Howard**
(b) Address **Route 1 Hayti, Missouri**

17. (a) **Burial** (b) Date thereof **12-26-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hayti, Missouri**

18. (a) Signature of funeral director **H. I. Smith Funeral Home**

(b) Address **Caruthersville, Missouri**

19. (a) **1-6-48** (b) **John W. German**
(Date received local registrar) (Registrar's signature) (L.S.)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Kentucky** (b) County _____
(c) City or town **Fort Knox**
(If outside city or town limits, write "RURAL")
(d) Street No. **R.R. 1**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **24th**
year **1947** hour **11** minute **P** M.

21. I hereby certify that I attended the deceased from **Dec. 22**, 19**47**, to **Dec. 24**, 19**47**
that I last saw him alive on **Dec. 24**, 19**47**:
and that death occurred on the date and hour stated above.

Immediate cause of death
Bronchopneumonia

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 **John W. German** (M. D. or other) _____
Address **Payton, Mo** Date signed _____

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

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

78
30

1-48-16

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.....

Body was not embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *James A. Osburn*

Licensed Embalmer No. *4185*

P. O. Address *Baruthersville, 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.