S. No. 2
12-45
5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 24 1948

Registration District No. 29

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4168

State File No. 667

Registrar's No. 2

1. PLACE OF DEATH:

(a) County De Kalb

(b) City or town Maysville
(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 ..... (Specify whether
In this community 7 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County De Kalb 32

(c) City or town Maysville 2
(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 John L, 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 Married

6. (b) Name of husband or wife Louie Howell

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased May (Month) 28 (Day) 1868 (Year)

8. AGE: Years 79 Months 8 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John H, Howell
13. Birthplace (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name Sophie Hermitett
15. Birthplace (City, town, or county) FRANCE (State or foreign country) 5

16. (a) Informant Clark Singleton
(b) Address Maysville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 - 14 - 48 (Month) (Day) (Year)
(c) Place: burial or cremation Hunnewell Mo

18. (a) Signature of funeral director John A Brown
(b) Address Maysville Mo.

19. (a) 1-12-48 (Date received local registrar) (b) Rosalie Davidson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jany day 12th year 1948 hour 10 AM minute 10 A. M.

21. I hereby certify that I attended the deceased from Jany. 13, 1947, to Jan 12, 1948; that I last saw him alive on Jany 12, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocarditis - secondary anemia, from continuous hemorrhage

Due to Carcinoma of bladder urinary & prostate

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma bladder & prostate.

Of autopsy

Duration: 56 hrs. 2 hrs. 10 months

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

51B

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 [signature] (M. D. or other)

Address Maysville Mo. Date signed 1/12/48

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 John D Brown

Licensed Embalmer No. 3933

P. O. Address Maysville 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.