

S. No. 2
M-8-43
5-17-39
I-X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 26 1948
Registration District No. 219-181

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1672
Registrar's No. 3

Primary Registration District No. 5967-5677

1. PLACE OF DEATH:
(a) County Lincoln
(b) City or town Rural - Union
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5 Miles West of Eolia, Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community About 80 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Lincoln 57
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 5 Miles West Eolia, Mo
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Frederick Howing
3. (b) If veteran, name war no
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 11th
year 1948 hour 11 minute 45 A.M.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Annie Wright Howing
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 28, 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12/23, 1947 to 1/11, 1948
that I last saw him alive on 1/9 - 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 87 Months 9 Days 14
If less than one day hr. min.

Immediate cause of death Coronary Sclerosis
Duration _____

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

Due to Chronic myocarditis
Due to _____

10. Usual occupation farmer

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

11. Industry or business _____
12. Name William F Howing 4
13. Birthplace unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace _____
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy 935
Underline the cause to which death should be charged statistically.

16. (a) Informant Gilmore Howing
(b) Address Eolia Mo
17. (a) Burial (b) Date thereof Jan-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Eolia Mo
18. (a) Signature of funeral director W E Gooch
(b) Address Eolia Mo
19. (a) Jan 12-1948 (b) W E Gooch Deputy
(Date received local registrar) (Registrar's signature)

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 Hooge (M. D. or other) M.D.
Address 26 Lakeside Mo Date signed 1/11-48

(Licensed Embalmer's Statement on Reverse Side)

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

57
0
0

X

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 Norman E. Goech

AP Licensed Embalmer No. 2342

P. O. Address Leola, 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.