

FILED MAR 31 1948

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8121

Do not use this space.

1. PLACE OF DEATH

(a) County Cass Registration District No. 59
(b) Township Polk Primary Registration District No. 5229 Registered No. 53
(c) City Polk (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elia Mary Howser

(a) Residence, No. Cass St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Howser

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 13. 1880

7. AGE YEARS 68 MONTHS 0 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housekeeper
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) California, Missouri

13. NAME Andrew Byleue

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

15. MAIDEN NAME Armanda Wyrick

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT (ADDRESS) Joseph Howser, 1, Missouri Pleasant Hill, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE California, Mo. DATE 3-13-48

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Allen Brownfield Pleasant Hill, Missouri

20. FILED 3-22-1948 Laura J. Jones Legal Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11 Mar. 1948

22. I HEREBY CERTIFY, That I attended deceased from 4 Mar. 1948 to 8 Mar. 1948

I last saw him alive on 4 Mar. 1948 Death is said to have occurred on the date stated above, at 10:30 AM.

The principal cause of death and related causes of importance were as follows:

Post-infarction of Cerebrum and eardrums

Date of onset

Feb 29 1948

Other contributory causes of importance:

Acute arthritis, left knee

Name of operation None Date of _____What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Lawrence M.D. M. D.(Address) Pleasant Hill, 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.....

Glen A. Hill

Registered Apprentice No. *8*

working under my personal supervision.

Signed

Allen Brungew

Licensed Embalmer No. *3785*

P. O. Address *Pleasant Hill*

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, above space should be left blank.