

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 25 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Arranged 9695
State File No.

Registration District No. 274

Primary Registration District No. 5937

Registrar's No. 80

1. PLACE OF DEATH:

(a) County PETTIS
(b) City or town IONIA RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community LIFE years, months or days

3. (a) PRINT FULL NAME THOMAS BENTON HOWERY

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 MAR
6. (b) Name of husband or wife ARMINTA BELLE 6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased NOV. 26 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 3 16 hr. min.

9. Birthplace COLE CAMP MO
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

12. Name GEO. W. HOWERY
13. Birthplace VA.
14. Maiden name VIRGINIA BELLE
15. Birthplace VA.
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. T. B. HOWERY
(b) Address IONIA MO. R. 3. D.

17. (a) BURIAL (b) Date thereof 3-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation ANTIOCH CEM

18. (a) Signature of funeral director W. H. Dillard
(b) Address Bedalia mo

19. (a) 3-14-48 (b) Betty Yeager
(Date received local registrar) (Signature of Registrar's Deputy)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County PETTIS
(c) City or town IONIA RURAL
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR. day 12
year 1948 hour 3 minute 25 a. M.

21. I hereby certify that I attended the deceased from February 1948 to Mar 12 1948
that I last saw him alive on Mar 12 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 46F
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:

(c) 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) (c) Means of injury

23. Signature W. H. Dillard Address Bedalia Date signed 3/13-48

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

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 3-24-48

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 _____

Frank S. Coffman Jr., Registered Apprentice No. 16
working under my personal supervision.

Signed John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Sedalia, 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.