

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **134255**

FILED MAY 13 1948

Registration District No. **224**

Primary Registration District No. **5796**

Registrar's No. **23**

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town Mc Girk
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since November 1947
In this community 4 Months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town Mc Girk
(If outside city or town limits, write "RURAL")
(d) Street No. None
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country Native

3. (a) PRINT FULL NAME James Lot Howard

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased April, 24, 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 0 6 hr. min.

9. Birthplace Moniteau County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Retired

12. Name William S. Howard

13. Birthplace Moniteau County, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Robertson

15. Birthplace Moniteau County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant S. W. Howard (Brother)

(b) Address Tipton, Mo.

17. (a) Removal (b) Date thereof 4/30/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tipton, Mo.

18. (a) Signature of funeral director Jessie E. Richard

(b) Address Tipton, Mo.

19. (a) 4-30-48 (b) H. R. Popejoy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30th
year 1948 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from Jan 5
1948 to Apr 24, 1948;

that I last saw him alive on Apr 28, 1948;

and that death occurred on the date and hour stated above.

Immediate cause of death Inta Craniol Duration 2 days
hemorrhage

Due to arteriosclerosis Senescent
yclen

Due to.....

Other conditions.....

(Exclude 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 J. C. Burke, Jr. (M. D. seal)

Address California, Ill. Date signed 4/30/48

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

MOTHER, FATHER

RECEIVED
District Health Officer No. 9,
Date Filed MAY 11 1948

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 Jessie E. Richards
Licensed Embalmer No. 2466
P. O. Address. Lipton, 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.