

Registration District No. 172

Primary Registration District No. 3034

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Higginsville, Mo.
(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 three Weeks (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
(c) City or town Higginsville 54
(If outside city or town limits, write "RURAL") 2
(d) Street No. 11 East 14th Street 1
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Ida Z. Howerton

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Troy Howerton 6. (c) Age of husband or wife if alive Deceased
7. Birth date of deceased March 23rd 1875
(Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 25 If less than one day hr. _____ min. _____

9. Birthplace Montgomery Co., Missouri. (City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

12. Name Robert Harvey
13. Birthplace Missouri. (City, town, or county) (State or foreign country)
14. Maiden name Lucia Ann Hickerson
15. Birthplace Alabama (City, town, or county) (State or foreign country)

16. (a) Informant Homer L. Pruett
(b) Address Higginsville, Missouri.

17. (a) Burials, Mo. (b) Date thereof 5/20/48
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director [Signature]
(b) Address Higginsville, Mo.

19. (a) May 19-1948 (b) Clayton H. Landrum
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
year 1948 hour 10 minute 00 P. M.
21. I hereby certify that I attended the deceased from May 4th to May 18, 48
that I last saw him er alive on May 18th and that death occurred on the date and hour stated above.

Immediate cause of death Coronary ischemia and terminal bronchopneumonia Duration 48 hrs.
Due to Carcinoma of the stomach and metastasis to the chest and bones. approx. 4 yrs.

Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

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 _____
23. Signature [Signature] (M. D. or other) _____
Address Higginsville, Missouri Date signed 5-19-48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-2-48

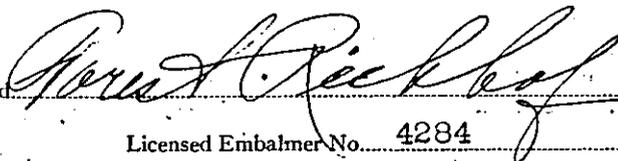
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 4284

P.O. Address Higginsville, Missouri

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.