S. No. 2
M—1/47
T 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18511

FILED JUN 10 1948

Registration District No. 3869 Primary Registration District No. 6207 Registrar's No. 16

1. PLACE OF DEATH:

(a) County: Wayne

(b) City or town: Patterson, Rural
(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 ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Wayne

(c) City or town: Patterson (St. Francis Twsp)
(If outside city or town limits, write "RURAL")

(d) Street No. .....
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME: John William Howard

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: W

6. (b) Name of husband or wife: Dora Allen Howard

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

7. Birth date of deceased: Jan (Month) 14 (Day), 1864 (Year)

8. AGE: Years	Months	Days	If less than one day
84	4	10	..... hr. ..... min.

9. Birthplace: Ill
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business .....

FATHER
12. Name: Aaron Howard
13. Birthplace: Don't know
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Don't Know
15. Birthplace: " " " " " " " "
(City, town, or county) (State or foreign country)

16. (a) Informant: Leo Howard
(b) Address: Patterson, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 26, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Meadow Cemetery

18. (a) Signature of funeral director: William Cobb
(b) Address: Piedmont, Missouri

19. (a) May 31-1948 (Date received by local registrar) (b) Susie O. Piles (Registrar's signature) 346

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24 year 1948 hour 12 minute 45 p. M.

21. I hereby certify that I attended the deceased from 5-1-48, 19..., to 5-24-48, 19...; that I last saw h. alive on 5-17-48, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial Failure	3 days
Due to: Senility	
Coronary	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Prostatic Hypertrophy	1 yr

Major findings: (Of operation) Resection at Lutheran Hospital

Of autopsy .....

PHYSICIAN — Underline the cause of 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? ..... (Specify type of place) Means of injury .....

23. Signature: Walter H. Ahlers M.D. (M. D. or other)

Address: 3108 S. Grand Date signed: 5/28/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 648-73

Date Filed 6-9-48

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 .....

Coder Funeral Home, Registered Apprentice No. .....,

working under my personal supervision.

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address Piedmont, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.