

Registration District No. ....

Primary Registration District No. **5608**

1. PLACE OF DEATH:

(a) County **Johnson**

(b) City or town **Holden**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**Holden ms**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether)

In this community **77 years**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Johnson**

(c) City or town **Holden**  
(If outside city or town limits, write "RURAL")

(d) Street No. **Route 2**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME **CHARLES ELMER 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 **Married**

6. (b) Name of husband or wife **Alsie V Howard**

6. (c) Age of husband or wife if alive **72** years

7. Birth date of deceased **April 15 1871**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>77</b>	<b>5</b>	<b>23</b>	hr. min.

9. Birthplace **Holden Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Same**

12. Name **W W Howard**

13. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)

14. Maiden name **Antelinson**

15. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Alsie Howard**  
(b) Address **Holden ms**

17. (a) **Funeral** (b) Date thereof **10-10-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Holden ms**

18. (a) Signature of funeral director **Canada Tapp**  
(b) Address **Holden ms**

19. (a) **Oct 13, 1948** (b) **Mrs H V Redford**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **8**  
year **1948** hour **9:22** minute **P** M.

21. I hereby certify that I attended the deceased from **Jan 4** 19**44** to **Oct 8** 19**48**  
that I last saw him alive on **Oct 8** 19**48**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**

Due to .....

Due to .....

Other conditions **Gen Arteriosclerosis**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations .....

Of autopsy **990**

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? .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

While at work? .....

23. Signature **Kelly Paulina** (M. D. or **✓**)  
Address **Holden Mo** Date signed **10/10/48**

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

MOTHER FATHER

10-1-1919

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 R. L. Stewart Jr, Registered Apprentice No. 279 working under my personal supervision.

Signed M. L. Canaday  
Licensed Embalmer No. 3434  
P. O. Address Holden, 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.