S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33454

FILED OCT 21 1948

Registration District No. ..... Primary Registration District No. 5667 Registrar's No. 47

1. PLACE OF DEATH:
(a) County: Lincoln
(b) City or town: Davis Mo.
(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
In this community ..... years, months or days) 30 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Lincoln
(c) City or town: Davis R 7 Mo
(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 .....

3. (a) PRINT FULL NAME: ALTON E HOWELL
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Nancy Elizabeth Howell
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: March 18 1870 (Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 15 If less than one day ..... hr. ..... min.

9. Birthplace: Lincoln County Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business .....

MOTHER FATHER
12. Name: James M Howell
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
14. Maiden name: Mahaley Early
15. Birthplace: Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Elizabeth Howell
(b) Address: Davis Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Old Alexander Cem
18. (a) Signature of funeral director: Wayne McCoy
(b) Address: Troy Mo
19. (a) Oct 15 1948 (Date received local registrar) (b) Emma B. Riddle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13 year 1948 hour 10 minute 15 P.M.
21. I hereby certify that I attended the deceased from 10/5, 1948 to 10/13, 1948 that I last saw him alive on 10/10, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	8 days
Due to: Arteria Sclerosis	
Due to:	
Other conditions: Chronic Myocarditis (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 0
Of autopsy: 0

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? ..... (e) Means of injury .....
23. Signature: J. G. Morgan (M. D. or other) M.D.
Address: Whitewater Mo. Date signed 10-3-48

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

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

RECEIVED.
District Health Officer No. 9,
District File Number
Date Filed 10-20-48

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 Wayne McCoy

Licensed Embalmer No. 3586

P. O. Address Troy 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.