

FILED DEC 15 1948

Registration District No. **31**

Primary Registration District No. **5107**

Registrar's No. **35**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE IMPERMANENT RECORD

1. PLACE OF DEATH:  
 (a) County  **Benton**   
 (b) City or town  **Ionia**   
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 **Main Street /**   
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 In this community  **Life**   
 years, months or days) : : (Specify whether

2. USUAL RESIDENCE OF DECEASED:  
 (a) State  **Missouri**  (b) County  **Benton**   
 (c) City or town  **Ionia**   
 (If outside city or town limits, write "RURAL")  
 (d) Street No.  **Main Street**   
 (If rural, give location)  
 (e) Citizen of foreign country?  **No**  (Yes or No)  
 If yes, name country

3. (a) PRINT FULL NAME  **Homer Victor Howe**   
 (b) If veteran, name war  **War I**   
 (c) Social Security No.  **None**

20. DATE OF DEATH: Month  **Dec** , day  **2nd** , year  **1948** , hour  **7** , minute  **A.M.**

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

21. I hereby certify that I attended the deceased from  **never** , 19... to  **never** , 19...; that I last saw him alive on  **Nov** , 19 **48**  and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife  **Theodore**  6. (c) Age of husband or wife if alive  **56**  years  
 7. Birth date of deceased  **November 16th 1886**   
 (Month) (Day) (Year)

Immediate cause of death  **Coronary occlusion apparently**  Duration

8. AGE:  **32**  Years  **0**  Months  **16**  Days If less than one day hr. min.

Due to.....  
 Due to.....  
 Other conditions (Include pregnancy within 3 months of death)  
 Major findings:  **740**

9. Birthplace  **Old Ionia Missouri**   
 (City, town, or county) (State or foreign country)

10. Usual occupation  **Barber**   
 11. Industry or business  **Barber Shop**

12. Name  **Robert E. Howe**   
 13. Birthplace  **Pettis County Missouri**   
 (City, town, or county) (State or foreign country)  
 14. Maiden name  **Mary J. Deeman**   
 15. Birthplace  **Pettis County Missouri**   
 (City, town, or county) (State or foreign country)

16. (a) Informant  **Mrs Homer Howe**   
 (b) Address  **Ionia Mo**

17. (a)  **Burial**  (b) Date thereof  **Dec 4th 1948**   
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation  **Memorial Park Sedalia Mo**

18. (a) Signature of funeral director  **B. W. Eckhoff**   
 (b) Address  **Cole Camp Mo**

19. (a)  **12-3-1948**  (b)  **B. W. Eckhoff**   
 (Date received local registrar) (Registrar's signature)

Of operations.....  
 Of autopsy.....  
 PHYSICIAN  
 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?  
 While at work? (Specify type of place) (e) Means of injury  
 23. Signature  **B. W. Eckhoff (Coroner)**  (M. D. or other)  **MD**   
 Address  **Cole Camp Mo**  Date signed  **12-2-48**

RECEIVED

District Health Officer No. 71

District File Number 11-401403

Date Filed 12-6-48

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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 E. H. Eickhoff

Licensed Embalmer No. 720

P. O. Address..... Cole Camp 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.**