No. 2
1/47.
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 16 1948
Registration District No. 1984

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

37266

State File No.
Primary Registration District No. 3038
Registrar's No. 94

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Brookfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 224 E. Canal
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 72 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Linn 58
(c) City or town Brookfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 224 E. Canal D
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME James Robert Howrey
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M D
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nettie Howrey
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased 9 (Month) 10 (Day) 1864 (Year)

8. AGE: Years 84 Months 1 Days 23 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation Miner ✓
11. Industry or business
FATHER
12. Name Charles Howry
13. Birthplace (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Rebecca McClintick
15. Birthplace (City, town, or county) Mo (State or foreign country)
16. (a) Informant Mrs. Nettie Howrey
(b) Address 224 East Canal Brookfield Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-6-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Rockfield
18. (a) Signature of funeral director [illegible]
(b) Address Glasgow Mo
19. (a) 11-5-48 (Date received local registrar) (b) [illegible] (Registrar's signature) 167

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 3rd year 1948 hour 9 minute 10 A.M.
21. I hereby certify that I attended the deceased from Oct 23, 1948, to Nov 3, 1948; that I last saw him alive on Nov 3, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Cervical glands	1 year
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? (e) Means of injury 2
23. Signature H. H. Potter (M.D. or other) PO
Address Brookfield Mo Date signed 11-5-48

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

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Louis E. Hopper

Licensed Embalmer No. 426

P. O. Address Lawson 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.