

S. No. 309
M-10-47
v. 5-17-39
I 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED JAN 6 1949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

40689

State File No. _____

Registration District No. 180

Primary Registration District No. 4222

Registrar's No. 78

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

1. PLACE OF DEATH:

(a) County LINCOLN

(b) City or town WINEFIELD 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 6 mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln ⁵⁷

(c) City or town RURAL BEDFORD ³
(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 HOWARD E HOMBS.

3. (b) If veteran, name war NONE

3. (c) Social Security No. 488-96-0070

4. Sex MO 5. Color or race W

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

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

7. Birth date of deceased April 15 1907
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

41 8 12 _____ hr. _____ min.

9. Birthplace Lincoln County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John R. Hombs.

13. Birthplace Lincoln County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Clarenda Creech

15. Birthplace Lincoln County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Lester Frazier.

(b) Address Troy Mo.

17. (a) Burial (b) Date thereof 12-19-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alexander Cemetery

18. (a) Signature of funeral director Wayne M & Coy

(b) Address Troy Mo.

19. (a) 12-27-48 (b) [Signature] (c) 1163
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 27
year 1948 hour 1 minute 30 A.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Carbon monoxide gas
(cancer recidive)

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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 2

23. Signature D. V. E. Althoff (M. D. or other) MD.

Address Lincoln Co Coroner Date signed 12/27/48

PC. Embalmer's Statement on Reverse Side Troy, Mo.

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

RECEIVED
District Health Officer No. 9,
District File Number
JAN 5 1949
Date Filed

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 Elmo T. Sadwell

Licensed Embalmer No. 4077

P. O. Address.....

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.