

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

1942
JUL 10 1942

Registration District No. 137

Primary Registration District No. 4218

Registrar's No. 184

42
020

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

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution:
610 S. Tebo /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 35 years (Specify whether years, months or days)

In this community 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

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

(d) Street No. 610 S. Tebo St.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William Henry Howard

(b) If veteran, name war

(c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 1
year 1942 hour 12:05 a m minute

4. Sex Male 5. Color or race White

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

7. (b) Name of husband or wife Nettie Jarvis Howard 6. (c) Age of husband or wife if alive 5 1864
(Month) (Day) (Year)

8. Birth date of deceased: December 5 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 26, 1941, to Sept. 1, 1942
that I last saw him alive on Sept. 1, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart-Disease Duration 10 yrs

8. AGE: Years 77 Months 8 Days 26 If less than one day hr. min.

Due to Rheumatism

Due to

9. Birthplace Adams County, Illinois
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Farming

Major findings: Of operations none 92c

11. Industry or business

Of autopsy none

MOTHER FATHER { 12. Name John Howard

13. Birthplace unknown 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary Dwyer 4
15. Birthplace unknown
(City, town, or county) (State or foreign country)

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

16. (a) Informant Clarence Howard

(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 9-3-42
(Burial, cremation, or removal) (Month) (Day) (Year)

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?

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner
(b) Address Windsor, Missouri

While at work? (Specify type of place) (e) Means of injury

23. Signature H.A. Blackmore (M. D. or other) M.D.
Address Windsor, Mo. Date signed 9-3-42

19. (a) Sept 30, 1942 (b) Georgia Kitchen
(Date received local registrar) (Registrar's signature) S.K.

RECEIVED

District Health Officer No. 7,

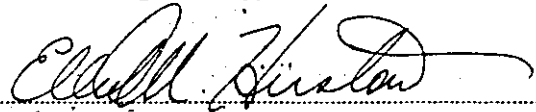
District File Number: 10-42-1106

Date Filed 10-8-42

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.....



Licensed Embalmer No. 3391

P. O. Address Windsor 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.