

S. No. 2  
4-5-42  
5-17-39  
X327

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
ED JUN 17 1903  
ED JUN 1 1948

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21458

State File No. ....

Registration District No. 137

Primary Registration District No. 4214

Registrar's No. 96

1. PLACE OF DEATH:  
(a) County Henry  
(b) City or town Deepwater  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
in Deepwater! No st #  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 35 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Henry <sup>420</sup>  
(c) City or town Deepwater <sup>0</sup>  
(If outside city or town limits, write "RURAL")  
(d) Street No. No st #  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Harlan Hays Howard  
3. (b) If veteran, name war —  
3. (c) Social Security No. —

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 13  
year 1943 hour 6 minute 30 A.M.

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband's wife Sarah Howard  
6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased 3 11 1860  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 9 1943  
19. to May 13 1943  
that I last saw him alive on May 13 11 P.M. 19. 43  
and that death occurred on the date and hour stated above.  
Immediate cause of death obstruction of bowel Duration  
caused by bowel - chills

8. AGE: Years 83 Months 2 Days 2  
If less than one day hr. min.

Due to.....  
Due to.....  
Other conditions (Include pregnancy within 3 months of death)  
Physician H. H. Kennedy

9. Birthplace Osceola Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business  
12. Name John Howard  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Irene Hall  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sarah Howard  
(b) Address Deepwater Mo  
17. (a) Burial (b) Date thereof 5 15 43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Deepwater cem  
18. (a) Signature of funeral director Frederick Wilkinson  
(b) Address Antoni Mo  
19. (a) May 13, 1943 (b) Georgia Kitcher  
(Date received local registrar) (Registrar's signature)

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.....  
23. Signature J. J. Russell (M. D. or other)  
Address Deepwater Mo Date signed 5/14/43

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

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

MOTHER FATHER

1069

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number

5-43546

Date Filed

6-14-43

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

*F. E. Wilkinson*

Licensed Embalmer No.

2478

P. O. Address

*Clinton, N.C.*

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.