

S. No. 2  
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rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **409**  
Registrar's No. **7**

FILED JAN 17 1948  
47

Registration District No. **47**

Primary Registration District No. **3008**

14  
1  
2  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH  
(a) County **Callaway**  
(b) City or town **Fulton**  
(c) Name of hospital or institution: **State Hospital #1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **Since July 31, 1939**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Moniteau**  
(c) City or town **California**  
(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 **Adam M. Howe**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Jan.** day **6th**  
year **1948** hour **11** minute **30 P.M.**

4. Sex **male** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **widower**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **November 27, 1864**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Dec. 25, 1947, to January 6, 1948,**  
that I last saw him alive on **January 6, 1948,**  
and that death occurred on the date and hour stated above.

8. AGE: Years **83** Months **1** Days **11**  
If less than one day hr. **1** min. \_\_\_\_\_

Immediate cause of death **Chronic Myocarditis**  
Due to **Generalized arteriosclerosis**  
Due to \_\_\_\_\_

9. Birthplace **Howard County, Missouri**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Farmer**

Other conditions **Senile Psychoses**  
(Include pregnancy within 3 months of death) **terminal**  
**Hypostatic or bronchial pneumonia**  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

MOTHER FATHER { 11. Industry or business \_\_\_\_\_  
12. Name **Harvey Howe**  
13. Birthplace **Boone County, Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Caroline Murrell**  
15. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

Of autopsy **kidneys, cardiac valves, injuries, and above findings**  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant **Hospital records**  
(b) Address \_\_\_\_\_  
17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Cafe**

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? \_\_\_\_\_

18. (a) Signature of funeral director **William F. Friedman**  
(b) Address **California Mo**  
19. (a) **Jan 9 48** (b) **Josie Mossenkoff**  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature **P.S. Tate** (M. D. or other) \_\_\_\_\_  
Address **State Hosp. #1** Date signed \_\_\_\_\_

199 W. 722

Date Filed 1/5/88

District File Number

District Health Officer No. 5

RECEIVED

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 H. C. Friedmeyer

Licensed Embalmer No. 2854

P. O. Address California 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.