

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41411

State File No. _____

Registration District No. 226

Primary Registration District No. 5793

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Moniteau Linn Twp.
(b) City or town RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2 miles west of Jamestown mo
(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)

3. (a) PRINT FULL NAME EVERY LINNELL HOWARD

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Stella Mae Howard 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased March 30 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 8 8 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John Dobson Howard
13. Birthplace Moniteau Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Alpha Ann Johnson
15. Birthplace Moniteau Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Stella Mae Howard
(b) Address Jamestown Mo.

17. (a) Burial (b) Date thereof 12-10-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cyp.

18. (a) Signature of funeral director Hugh E Williams

(b) Address Californian Mo.

19. (a) 12-12-46 (b) Yoda W. Snow
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau?
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 2 miles west of Jamestown mo
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 8
year 1946 hour 2 minute 30 P.
21. I hereby certify that I attended the deceased from July 46 to DEC 8 1946
that I last saw him alive on 12-8 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Liver Duration 7
1

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 46F
Of autopsy _____

PHYSICIAN

Underline the cause to 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? _____

While at work? _____ (Specify type of place) (e) Means of injury (i)
23. Signature A R Meredith (M.D. or other)
Address Prussia, Mo. Date signed 12/14/46

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12-16-46

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.....

Hugh E. Williams

Licensed Embalmer No. 3537

P. O. Address California

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.