S. No. 2
—11-10-39
. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 23 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31269

Registration District No. 15 Primary Registration District No. 5018 Registrar's No. 12

1. PLACE OF DEATH:
(a) County Andrew
(b) City or town Rural Empire (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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Andrew
(c) City or town Rural (If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) PRINT FULL NAME WALLACE RAY HOWELL
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ethel Howell
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased Aug (Month) 21 (Day) 1891 (Year)
8. AGE: Years 49 Months Days 25 If less than one day hr. min.
9. Birthplace Andrew County (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name Ambrose Howell
13. Birthplace (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Elizabeth Booth
15. Birthplace (City, town, or county) Wis. (State or foreign country)

16. (a) Informant Mrs. W. R. Howell
(b) Address Union Star, Mo.
17. (a) (Burial, cremation, or removal) (b) Date thereof Sept. 17 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Union Star, Mo.
18. (a) Signature of funeral director Lucile M. Wilson
(b) Address King City, Mo.
19. (a) Sep 17-1940 (Date received local registrar) (b) Mrs E C Jefferies (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16 year 1940 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 1, 1940 to Sept 16, 1940
that I last saw him alive on Sept 15, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Anemia	
Due to Cancer Kidney	6 mth
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy no

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

23. Signature E M Reynolds (M. D. ~~or other~~)
Address Union Star Mo Date signed 9-16-40

(Licensed Embalmer's Statement on Reverse Side)

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 Lucile M. Wilson

Licensed Embalmer No. 2830

P. O. Address King City, 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, above space should be left blank.