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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32286

Registration District No. 684 Primary Registration District No. 44408 Registrar's No. 28

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

210

1. PLACE OF DEATH: Pike
(a) County
(b) City or town Bowling Green Missouri
(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
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pike 082
(c) City or town Bowling Green
(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.? 10 years.

3. (a) PRINT FULL NAME Andrew J. Howell
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 10th 1866 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
74	9	14	hr. min.

9. Birthplace Troy (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Foreman
11. Industry or business Railroad Section

MOTHER FATHER
12. Name William Henry Howell
13. Birthplace Dont Know (City, town, or county) (State or foreign country)
14. Maiden name America Campbell
15. Birthplace Dont Know (City, town, or county) (State or foreign country)

16. (a) Informant Henry Howell
(b) Address Barber, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/26/41 (Month) (Day) (Year)
(c) Place: burial or cremation Bowling Green Cem
18. (a) Signature of funeral director Grace Bantheau
(b) Address Bowling Green, Mo
19. (a) 9-30-41 (Date received local registrar) (b) W. Brummett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24th. year 1941 hour 5:45 minute P. M.

21. I hereby certify that I attended the deceased from Aug. 8th, 1941, to Sept. 24th, 1941; that I last saw him alive on Sept. 24, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Acute myocarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 J. B. Rose M.D. (M. D. or other)
Address Bowling Green, Mo Date signed 9/26/41

016 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-41-1794
Date Filed OCT 8 1941

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 Grace Bamfield

Licensed Embalmer No. 2204

P. O. Address Bowling Green

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.