

FILLED NOV 6 1941

Registration District No. 712

Primary Registration District No. 5941

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Liberty Twp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski
(c) City or town Hazel Green Rural Liberty Twp
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Sept. day 23rd.
year 1941 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from 2-10-39 to 9-23-41
that I last saw him alive on 8-21-41
and that death occurred on the date and hour stated above.

Immediate cause of death. nephritis
Due to _____
Due to _____
Other conditions old age
(Include pregnancy within 5 months of death)

Major findings: none
Of operations _____
Of autopsy none

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

3. FULL PRINT NAME James Clayton Howell

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 Sarah Howell 6. (c) Age of husband or wife if alive 89 years

7. Birth date of deceased February 14 1852
(Month) (Day) (Year)

8. AGE: Years 89 Months 7 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Boliver Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business _____

12. Name James Howell

13. Birthplace Un known
(City, town, or county) (State or foreign country)

14. Maiden name Un known

15. Birthplace Un known
(City, town, or county) (State or foreign country)

16. (a) Informant Bud Bauling
(b) Address Hazel Green, Missouri.

17. (a) burial (b) Date thereof 9/23/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bazene Cemetery

18. (a) Signature of funeral director Richard M.O.
(b) Address Richard, Missouri.

19. (a) Oct 5-1941 (b) Orville A. Oliver.
(Date received local registrar) (Registrar's signature)

690 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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..... *RAB J. J. J. J.*
Licensed Embalmer No. *3198*
P. O. Address..... *Richland 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.