

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED MAR 31 1948

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

8121

Do not use this space.

## 1. PLACE OF DEATH

(a) County Cass Registration District No. 59  
(b) Township Polk Primary Registration District No. 5229  
(c) City Polk (If death occurred in Hospital or Institution, write its name instead of street and number) St. 53  
(d) Street No. 1  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elia Mary Howser

(a) Residence, No. Cass St. 53  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Howser  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 13. 1880  
7. AGE YEARS 68 MONTHS 0 DAYS 28 If LESS than 1 day, hrs. or min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housekeeper  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation California, Missouri

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) California, Missouri

13. NAME Andrew Byleue

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

15. MAIDEN NAME Armanda Wyrick

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT Joseph Howser, 1, Missouri  
(ADDRESS) Pleasant Hill

18. BURIAL, CREMATION, OR REMOVAL Burial  
PLACE California, Mo. DATE 3-13-48

19. FUNERAL DIRECTOR (NAME) Allen Brownfield  
(ADDRESS) Pleasant Hill, Missouri.

20. FILED 3-22-1948 Laura J. Jones  
Legal Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11 Mar. 1948

22. I HEREBY CERTIFY, That I attended deceased from 4 Mar. 1948 to 8 Mar. 1948

I last saw him alive on 4 Mar. 1948 Death is said to have occurred on the date stated above, at 10:30 AM.

The principal cause of death and related causes of importance were as follows:

Postinfectious Cachexia  
and emphysema

Date of onset

Feb 29  
1948

Other contributory causes of importance:

Acute arthritis, left knee

same

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Andrew Brownfield M.D.

(Address) Pleasant Hill, Mo.

**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.....

Glen A. Hill....., Registered Apprentice No. 8  
working under my personal supervision.

Signed Allen Brumfield.....

Licensed Embalmer No. 3785

P. O. Address Shawnee Hills

**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.**