DEC'D DEC 19 1938

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

2

39257
Do not use this space.

1. PLACE OF DEATH
(a) County Grundy Registration District No. 329
(b) Township Wilson Irredo Primary Registration District No. 5195 Registered No.
(c) City Laredo Mo (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 630 LILLIE FLORENCE HOWARD
(a) Residence, No. St.
(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: Jerry Chester Howard
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 28 1882
7. AGE: YEARS 56 MONTHS 4 DAYS 29 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Princeton Mo

FATHER
13. NAME: Albert F Cox
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Nancy Lewis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Princeton Mo

17. INFORMANT (ADDRESS): Mrs. F. L. Burlingame Lucerne Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Lucerne Cem DATE: 11-29 1938
19. FUNERAL DIRECTOR (ADDRESS): E. J. Robertson Laredo Mo.
20. FILED: Dec. 2 1938 J. C. Humphreys Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-27 1938
22. I HEREBY CERTIFY, That I attended deceased from 11-18, 1938, to 11-27, 1938
I last saw her alive on 11-27, 1938. Death is said to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	11-17

Other contributory causes of importance: 108

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy?

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? — none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —
(Signed) Ray J. Gay, M. D.
(Address) Laredo Mo.

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(Licensed Embalmer's Statement on Reverse Side)

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.

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STATEMENT BY LICENSED EMBALMER

I, E. J. Robertson, Licensed Embalmer No. 2468

hereby certify that the body recorded on the reverse side of this certificate was embalmed by E. J. Robertson

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed E. J. Robertson

Licensed Embalmer No. 2468

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.)