

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JAN 20 1939

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

43667
Do not use this space.

1. PLACE OF DEATH *Lin*

(a) County *Lin* Registration District No. *494*

(b) Township *Brookfield 1* Primary Registration District No. *3025* Registered No. *90*

(c) City *Brookfield 1* (d) Street No. *McJanna Hospital* 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 *Lorona Howe*

(a) Residence, No. _____ St. *Meadville Mo*
(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 *A. D. Howe*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug. 30th 1861*

7. AGE YEARS *72* MONTHS *3* DAYS *4* If LESS than 1 day, hrs. min.

OCCUPATION 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 _____

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Camp Point, Illinois*

13. NAME *A. R. BARLEY*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Achens Tennessee*

MOTHER 15. MAIDEN NAME *Sarah White*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Achens Alabama*

17. INFORMANT *Emma Barley* (ADDRESS) *Meadville Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Meadville Mo Dec. 6 1938*

19. FUNERAL DIRECTOR *Smiley Funeral Home* (ADDRESS) *Whiting Mo*

20. FILED *Jan 1 1939* *John Lucas* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *12-4 1938*

22. I HEREBY CERTIFY, That I attended deceased from *11-29-1938*, to *12-4-1938*, 1938.

Last saw her alive on *12-4-1938*. Death is said to have occurred on the date stated above, at *2:30 P.M.*

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

Pneumonia Date of onset *4 da*

Other contributory causes of importance: *High pressure with acute dilatation, arteriosclerosis, & chr. retic. nephritis* *340.*

Name of operation _____ Date of _____

What test confirmed diagnosis? *Clot.* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *no* Date of injury _____, 19____

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

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

Manner of injury *o*

Nature of injury *o*

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

If so, specify _____

(Signed) *John Lucas*, M. D.

(Address) *Brookfield, Mo.*

RECEIVED

District Health Officer No. 10

District File Number 10-38-882

Date Filed 1-12-39

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

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

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)