

REC'D MAR 15 1939

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

6629
Do not use this space.

1. PLACE OF DEATH
 (a) County Henry Registration District No. 347
 (b) Township Clinton Primary Registration District No. 3018 Registered No. _____
 (c) City _____ (d) Street No. _____ (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 Lulu Howard
 (a) Residence, No. short st St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED wid
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wilks Howard
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) may 1 1913
 7. AGE YEARS 65 MONTHS 8 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-2 1939
 22. I HEREBY CERTIFY, That I attended deceased from 2-2 to 2-2 1939
 I last saw h. u. alive on 2-2 1939. Death is said to have occurred on the date stated above, at 11:00 a. m.
 The principal cause of death and related causes of importance were as follows:

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

Date of onset 1937
Cancer of stomach
46
 Other contributory causes of importance
Chronic Nephritis
Chronic Nephrositis
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Holden Mo

FATHER
 13. NAME D. W. Sharpe
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
 15. MAIDEN NAME Augusta Jackson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Could know

17. INFORMANT (ADDRESS) Boyd Howard Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE WELLINGTON MAJ DATE 2-6 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Consalvo & Beck Clinton Mo

20. FILED 2-7 39 Dr. J. R. Hampton Local Registrar

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) James Smith, M. D.
Clinton Mo (Address)

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

RECEIVED

District Health Officer N

District File Number 7-39-8

Date Filed 3-3-39

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 M. W. Snow

Licensed Embalmer No. 4034

P. O. Address Clinton, N.Y.

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.