

APR 21 1939

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

10500
Do not use this space.

1. PLACE OF DEATH ²
(a) County Christian Registration District No. 183
(b) Township Porter Primary Registration District No. 0-2674 Registered No. 7
(c) City Nixa, Mo. R. 2. D. (d) Street No. _____ St. _____
(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 Loretta Ann Howard
(a) Residence, No. 630 Nixa, Mo. R. 2. D. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE-MARRIED, WIDOWED, OR DIVORCED Single Born
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22-1939
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. Still Born
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
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) Nixa, Mo.

FATHER 13. NAME Riley Howard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Winnie Redman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Riley Howard Nixa, Mo. R. 2. D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Highlandville DATE 3/23 1939

19. FUNERAL DIRECTOR (ADDRESS) B. G. Kupper Coal Mill

20. FILED March 31, 1939 I. B. Hawkins Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22, 1939
22. I HEREBY CERTIFY, That I attended deceased from at delivery, 19____
I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

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? _____ (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?
If so, specify _____
(Signed) Richard L. Metchum D.D.
119 (Address) Ozark, Missouri.

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.

50M-7-20-37
V. S. KING, 2.
I X12004

RECEIVED

District Health Officer No. 6,

District File Number 6-39-798

Date Filed APR 11 1939

STATEMENT BY LICENSED EMBALMER

I, B. C. Klepper, Licensed Embalmer No. 2178,
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself.

No. _____ or by Forest Klepper, L. E. Registered Apprentice No. 143,
working under my personal supervision.

Signed B. C. Klepper
Licensed Embalmer No. 2178

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.)