

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26826

State File No. _____

Registrar's No. 1232

Registration District No. 284

Primary Registration District No. 200

1. PLACE OF DEATH:

- (a) County St. Louis 2
- (b) City or town Overland
- (c) Name of hospital or institution:
9012 Sherwood
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days3. (a) PRINT FULL NAME: Sarah Mitchell Howdeshell

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Wm. Pascal Howdeshell 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased Oct. 11, 1859
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
79 8 28 hr. _____ min.9. Birthplace Lincoln County Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

12. Name Wm. Woodson Mitchell
13. Birthplace Lincoln County, Missouri
(City, town, or county) (State or foreign country)14. Maiden name Elizabeth Mc Intosh
15. Birthplace Lincoln County, Missouri
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Frenez Decker(b) Address 108 N. King Highway17. (a) Cl Removale, Mo (b) Date thereof July 10, 39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Clarksville, Mo.18. (a) Signature of funeral director Alexander & Sons(b) Address 675 Delmar Blvd.19. (a) JUL 10 1939 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County St. Louis
- (c) City or town Overland
(If outside city or town limits, write "RURAL")
- (d) Street No. 9012 Sherwood
(If rural, give location)
- (e) If foreign born, how long in U. S. A. 2 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9 year 1939 hour 7 minute 12 M.21. I hereby certify that I attended the deceased from 18 _____, 1939 to July 9 _____, 1939
that I last saw her alive on 7-8-39 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Myocardial InfarctionDue to Cerebral HemorrhageDue to Excited

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
- (b) Date of occurrence _____
- (c) Where did injury occur? _____
(City or town) (County) (State)
- (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Clarksville, Mo. Date signed 7-10-39

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

Dr. J. A. Seal

12-2, 4-5

Carlton Bldg

Seo 070

1221 Oak

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.....

J. W. Umbrey

Licensed Embalmer No. 3653

P. O. Address St. Louis, Mo.

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.