

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

DEC 1 1939

39634

Do not use this space.

1. PLACE OF DEATH **GREENE** 315
 (a) County / Registration District No.
 (b) Township Primary Registration District No. **2001**
 or
 (c) City **SPRINGFIELD** (d) Street No. **Bapt. Hosp.** 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 Sarah Permelia Howard**
 (a) Residence, No. **Route # 1 Brookline, Mo.** 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 (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **A.M. Howard**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 9, 1872**

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
66	11	15		

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

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Battlefield Missouri 0**

13. NAME **Unknown 9**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown 9**

MOTHER 15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Mr. A.M. Howard**
 (ADDRESS) **Battlefield, Mo.**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Manley** DATE **Nov. 26, 1939**

19. FUNERAL DIRECTOR (NAME) **H.H. Lohmeyer**
 (ADDRESS) **Springfield, Mo. 206**

20. FILED **11-25-39 Chas a George MD**
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 24, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Nov 21, 1939, to Nov 24, 1939**

I last saw her alive on **Nov 24, 1939**. Death is said to have occurred on the date stated above, at **1:30 p.m.**

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

Appendicitis acute	Date of onset 11/15
Peritonitis acute	11/21
Appendectomy	Date of 11/21

Other contributory causes of importance: **121**

Name of operation **Appendectomy** Date of **11/21**

What test confirmed diagnosis? Was there an autopsy? **26**

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 of injury in any way related to occupation of deceased? **No**
 If so, specify **Robert Glynn, M. D.**
 (Signed) **Robert Glynn, M. D.** (Address) **Springfield**

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..... *L. Coolin Gorman*.....

Licensed Embalmer No. *3177*.....

P. O. Address *Springfield 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.