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 1940

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

43819
Do not use this space.

1. PLACE OF DEATH
(a) County Lafayette Registration District No. 460
(b) Township Davis Primary Registration District No. 4274 Registered No. 72
or
(c) City Higginsville Mo (d) Street No. ..... 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 Mary Helen Hown
(a) Residence, No. ..... St. ☐ .....
(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): Still Born
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/25/39
7. AGE: Still Born — YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) 0

FATHER
13. NAME Delmar Hown 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co Mo 0

MOTHER
15. MAIDEN NAME Helen Perkins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K.C. Mo

17. INFORMANT (ADDRESS) Delmar Hown Higginsville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Higginsville DATE 12/25 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) A. H. Hodges Higginsville Mo.

20. FILED Jan. 2 1940 Tiffany Webb
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1939, to Dec 25, 1939
I last saw him alive on none, 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
Stillbirth.	
Cord around Neck	
Strangulation	

Other contributory causes of importance:

Name of operation None Date of ..... No.
What test confirmed diagnosis? no 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? No.
If so, specify .....
(Signed) Ernest M. Moore, M. D.
413 (Address) Higginsville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 1/8/40

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 Forest Rickles

Licensed Embalmer No. 36317

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

43819
Do not use this space.

1. PLACE OF DEATH
(a) County Lafayette Registration District No. 460
(b) Township Primary Registration District No. 4274 Registered No. 72
(c) City Higginsville (d) Street No. ..... 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 Mary Helen (Howe) Howe
(a) Residence, No. ..... St. [ ]
(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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) S-B

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
Still Born			

OCCUPATION
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) Higginsville
(STATE OR COUNTRY) Mo

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

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

17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE ....., 19..

19. FUNERAL DIRECTOR
(ADDRESS)

20. FILED Feb. 6, 1940 Tiffany Webb
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.., to ....., 19..
I last saw h..... 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) Ernest Moore, M. D.
(Address) Higginsville Mo

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

Do not write this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. .....

(b) Township ..... Primary Registration District No. ..... Supplemental No. .....

(c) City ..... (d) Ward No. .....

(e) Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. (f) How long in U. S., if of foreign birth? .....

(If death occurred in hospital or institution, give its name instead of street and number)

2. PRINT FULL NAME .....

(a) Residence, No. ..... St. .....

(If not place of abode, give post office address within city or town)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

6. IF MARRIED, WIDOWED OR DIVORCED
HUSBAND OF
(OR) WIFE OF

7. DATE OF BIRTH (MONTH, DAY, AND YEAR)

8. AGE	YEARS	MONTHS	DAYS	HOURS

9. Trade, profession, or particular kind of work done, even if retired

10. Industry or business in which

11. Date last employed

12. BIRTHPLACE (STATE OR FOREIGN COUNTRY)

13. Citizen of what country

14. Usual residence

15. Color or race

16. Married, widowed, or divorced

17. Name of husband or wife

18. Date of birth

19. Age

20. Birthplace

21. Citizen of what country

22. Usual residence

23. Color or race

24. Married, widowed, or divorced

25. Name of husband or wife

26. Date of birth

27. Age

28. Birthplace

29. Citizen of what country

30. Usual residence

31. Color or race

32. Married, widowed, or divorced

33. Name of husband or wife

34. Date of birth

35. Age

36. Birthplace

37. Citizen of what country

38. Usual residence

39. Color or race

40. Married, widowed, or divorced

41. Name of husband or wife

42. Date of birth

43. Age

44. Birthplace

45. Citizen of what country

46. Usual residence

47. Color or race

48. Married, widowed, or divorced

49. Name of husband or wife

50. Date of birth

51. Age

52. Birthplace

53. Citizen of what country

54. Usual residence

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56. Married, widowed, or divorced

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59. Age

60. Birthplace

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66. Date of birth

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68. Birthplace

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74. Date of birth

75. Age

76. Birthplace

77. Citizen of what country

78. Usual residence

79. Color or race

80. Married, widowed, or divorced

81. Name of husband or wife

82. Date of birth

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84. Birthplace

85. Citizen of what country

86. Usual residence

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527. Color or race

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532. Birthplace

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540. Birthplace

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543. Color or race

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580. Birthplace

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588. Birthplace

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591. Color or race

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612. Birthplace

613. Citizen of what country

614. Usual residence

615. Color or race

616. Married, widowed, or divorced

617. Name of husband or wife

618. Date of birth

619. Age

620. Birthplace

621. Citizen of what country

622. Usual residence

623. Color or race

624. Married, widowed, or divorced

625. Name of husband or wife

626. Date of birth

627. Age

628. Birthplace

629. Citizen of what country

630. Usual residence

631. Color or race

632. Married, widowed, or divorced

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663. Color or race

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665. Name of husband or wife

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671. Color or race

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718. Usual residence

719. Color or race

720. Married, widowed, or divorced

721. Name of husband or wife

722. Date of birth

723. Age

724. Birthplace

725. Citizen of what country

726. Usual residence

727. Color or race

728. Married, widowed, or divorced

729. Name of husband or wife

730. Date of birth

731. Age

732. Birthplace

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