

FILED APR 4 1940

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

10571  
Do not use this space.

1. PLACE OF DEATH

(a) County Carroll Registration District No. 138  
 (b) Township Cairie Primary Registration District No. 5188  
 (c) City Carrollton (d) Street No. 7 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

Glenda Sue Howland  
 (a) Residence, No. 133 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 Fe. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Child  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 29, 1938  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
1 5 5  
 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. Infant  
 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) Carrollton Mo.  
 FATHER 13. NAME Glendon Howland  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co. Mo.  
 MOTHER 15. MAIDEN NAME Helen Godown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La Harpe Kansas  
 17. INFORMANT (ADDRESS) Glendon Howland Carrollton Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE Mar. 7, 1940  
 19. FUNERAL DIRECTOR (ADDRESS) Stanley Carrollton Mo.  
 20. FILED 3-5-1940 B. C. Cole Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-5-1940  
 22. I HEREBY CERTIFY, That I attended deceased from 3-1-, 1940, to 3-5-, 1940.  
 I last saw her alive on 3-5-, 1940. Death is said to have occurred on the date stated above, at 2 A. m.  
 The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia Date of onset 3-1-40  
 Other contributory causes of importance: 11W  
hypertension 2-28-40  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Autopsy 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) B. C. Cole, M. D.  
133 (Address) Carrollton Mo.

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.

RECEIVED  
District Health Officer No. 8,  
District File Number 4-3-40  
Date Filed

STATEMENT BY LICENSED EMBALMER

I, Ben W Gibson, Licensed Embalmer No. 2961

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed Ben W Gibson

Licensed Embalmer No. 2961

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.)