

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 81

Registration District No. 5

Primary Registration District No. 5440 4426

Registrar's No. 81

1. PLACE OF DEATH:
 (a) County PULASKI
 (b) City or town Nixon - Mo.
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
 In this community 2
 years, months or days

3. (a) PRINT FULL NAME Emma Louisa Howard
 3. (b) If veteran, name war ✓
 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife William Howard
 6. (c) Age of husband or wife if alive 4 years
 7. Birth date of deceased 11-4-1860
 (Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 4
 If less than one day hr. min.

9. Birthplace Pa
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business "

MOTHER FATHER
 12. Name Adam Zeigler
 13. Birthplace Ky
 14. Maiden name Rebecca Arman
 15. Birthplace UNKNOWN
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Nixon - Mo
 (b) Address

17. (a) Burial (b) Date thereof 3 11 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nixon - Mo

18. (a) Signature of funeral director Fred N. Gilbert
 (b) Address Nixon Mo.

19. (a) 20 (b) Dixon
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County PULASKI
 (c) City or town Nixon
 (d) Street No. 0
 (e) If foreign born, how long in U. S. A.? 89 yrs years

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Mar day 8
 year 1940 hour 3 AM - minute 1
 21. I hereby certify that I attended the deceased from Mar 5th
 1940 to Mar 8th, 1940
 that I last saw her alive on March 5th, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Stenosis
 Due to Age & diphtheria
 Due to
 Other conditions A J W
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations
 Of autopsy
 Underline the cause to which death should be charged statistically.

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?
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 (e) Means of injury
 23. Signature A. J. Crider (M. D. or other)
 Address Nixon Mo Date signed 3/9/40

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.....

Mar - 8 - 1940
working under my personal supervision.

Registered Apprentice No.

RECEIVED

District Health Officer No. 5,

District File Number 440386

Date Filed 4340

Signed Fred W. Decker

Licensed Embalmer No. 2341

P. O. Address Avon, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 12091

Registration District No. 711

Primary Registration District No. 4426

Registrar's No. 81

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Dixon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(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 days)

3. (a) PRIME
FULL Thomas R. Howard

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex 7 5. Color or race w 6. (a) Single, widowed, married, divorced w

6. (b) Name of husband or wife..... 6. (c) Age of husband, or wife, if alive..... years

7. Birth date of deceased..... (Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 4 If less than one day hr. min.

9. Birthplace..... (City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name.....

13. Birthplace..... (City, town, or county) (State or foreign country)

14. Maiden name.....

15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address.....

17. (a)..... (b) Date thereof..... (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) 3/20/1946 (b) Al S. Dick (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pulaski
(c) City or town Dixon
(If outside city or town limits write "RURAL")
(d) Street No.....
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 8
year..... hour..... minute..... M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 A. J. Crider (M. D. or other)

Address Dixon Date signed.....

SUPPLEMENTARY

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1940

S-12091