

FILED MAY 20 1940

Registration District No. _____

Primary Registration District No. _____

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County PERRY *Central Perry*
 (b) City or town _____
 (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 3
 (Specify whether _____)

In this community _____
 years, months or days8. (a) PRINT FULL NAME EMORA FRANCIS HOW *6771*

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWER

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

7. Birth date of deceased OCTOBER 1, 1881
 (Month) (Day) (Year)8. AGE: Years 58 Months 7 Days 1 If less than one day _____ hr. _____ min.9. Birthplace HOKOMIS ILLINOIS
 (City, town, or county) (State or foreign country)10. Usual occupation FISHERMAN

11. Industry or business _____

12. Name JOHN HOW *1*
 13. Birthplace OHIO *1*
 (City, town, or county) (State or foreign country)
 14. Maiden name ELIZABETH GREEN
 15. Birthplace OHIO
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Richard J. How
 (b) Address 1211 So 7th ST. ST. LOUIS, MO.
 17. (a) Burial (b) Date thereof May 3, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Grain Tower Cemetery
 18. (a) Signature of funeral director Benjamin How
 (b) Address Curryville Mo.

19. (a) 5-10-1940 (b) Joseph Zeller
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MISSOURI (b) County PERRY
 (c) City or town RED ROCK
 (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 1
 year 1940 hour _____ minute _____ M.21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.Immediate cause of death Accidentally drowned in Mississippi River Duration _____Due to Body found May 2, 1940Other conditions _____
 (Include pregnancy within 3 months of death)Major findings: _____
 Of operations _____
 Of autopsy _____

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) drowned
 (b) Date of occurrence Mar 1, 1940
 (c) Where did injury occur? Red Rock Mo
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
5-9-5

While at work? _____ (Specify type of place)
 (e) Means of injury canoe
 23. Signature Amos H. Bailey (M. D. or other) 5-9-40
 Address Curryville Date signed _____

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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..... *Albert Bey*

Licensed Embalmer No..... *3866*

P. O. Address..... *Perryville, 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

State File No. 15728

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 660

Primary Registration District No. 5878

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Perry

(b) City or town Center T.P.
(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) PRINT FULL NAME Emora Francis How

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

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

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

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

8. AGE: Years 58 Months 7 Days 1 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)
(Burial, cremation, or removal)

18. (a) Signature of funeral director _____ (b) Address _____

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

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (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.

20. DATE OF DEATH: Month May day 1 year 1940 hour _____ minute _____ M.

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

Immediate cause of death accidentally drowned in mill river

Due to Body found May 2 1940

Due to Body found in River (empty) Mar 3 1940

Other conditions: apparent to have capsize
(Include pregnancy within 3 months of death)

Major findings: 183
Of operations _____

Of autopsy 2/6

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 Wm H. Bailey (M. D. or other) _____
Address Perryville Mo Date signed _____

SUPPLEMENTARY

