

MASSACHUSETTS STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **42408**
Registrar's No. **63**

JAN 13 1941

Registration District No. **284**

Primary Registration District No. **4173**

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Malden

(c) Name of hospital or institution: Home
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____
(If not in hospital or institution, write street number or location)

In this community Life (Specify whether years, months or days) 2

3. (a) PRINT FULL NAME Carolyn Howlett

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 _____

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Sept- 8 - 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months 2 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation Baby

11. Industry or business _____

12. Name A. Howlett

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

14. Maiden name Madge Water (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs A Howlett

(b) Address Malden Mo.

17. (a) Malden (Burial, cremation, or removal)

(b) Date thereof Dec. 4 - 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Malden "Park"

18. (a) Signature of funeral director Louise Emma Stone

(b) Address Campbell St.

19. (a) 12-4-1940 (Date received local registrar)

(b) SB Mitchell (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin

(c) City or town Malden (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3 year 1940 hour 9 minute 20 P.M.

21. I hereby certify that I attended the deceased from Dec 3, 1940, to Dec 3, 1940 that I last saw her alive on Dec 3 P, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis

Due to _____

Due to _____

Other conditions Mal Nutrition (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? 2 1/2

23. Signature Homer Beall (M. D. or other) 1940

Address 1107 1/2 Main St. Malden Mo. Date signed 12/4/40

Duration 2 wks

2 months

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 2

District File Number 141-23

Date Filed 1/8/41

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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.