

Registration District No. 312

Primary Registration District No. 5431a

Registrar's No.

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Rural
(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 _____
In this community 79-3-22 (Specify whether years, months or days) 2

3. (a) PRINT FULL NAME Mary Mildred Howard

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Manner Howard 6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased 6 23 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Harrison Karr
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Mary Jane Stamps
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Carrie Howard

(b) Address King City Missouri

17. (a) Burial (b) Date thereof 12-26-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crozer Cemetery

18. (a) Signature of funeral director James Johnson

(b) Address Stampsburg Missouri

19. (a) 12-26-40 (b) Donald D. Santz
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Rural, King City
(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.? X _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 24
year 1940 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from October 15, 1940, to Dec 24, 1940
that I last saw her alive on Nov 30, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death, Chronic Myocarditis

Due to _____

Due to _____

Other conditions (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? _____

284 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Dr. Jack A. Barnes

Address King City, MO Date signed 12-26-40

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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 _____

_____ *J. Ewan Johnson* _____, Registered Apprentice No. _____
working under my personal supervision.

Signed *J. Ewan Johnson* _____
Licensed Embalmer No. *3492* _____
P. O. Address. *Stankery 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.