

No. 2
4-13-40
5-17-39
I X2315

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **43218**

JAN 20 1941

Registration District No. **566**

Primary Registration District No. **3030**

Registrar's No. **160**

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

1. PLACE OF DEATH: **Mississippi**
 (a) County.....
 (b) City or town..... **Charleston**
 (c) Name of hospital or institution: **202 Hunter Street**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community..... **18 years** (Specify whether years, months or days) **2**

3. (a) PRINT FULL NAME **Kittie Lee Howard**
 3. (b) If veteran, name war **X X X** 3. (c) Social Security No. **X X X**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced..... **Married**
 6. (b) Name of husband or wife **Eugene Howard** 6. (c) Age of husband or wife if alive **65** years
 7. Birth date of deceased **August 23 1875**
 (Month) (Day) (Year)

8. AGE: Years **64** Months **3** Days **17** If less than one day hr. min.

9. Birthplace **Wall Hill Mississippi**
 (City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business **At Home**

12. Name **Unknown Bernard**

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

14. Maiden name **Unknown Burrow**

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

16. (a) Informant **Mrs. Paul Hill**
 (b) Address **Charleston, Missouri**

17. (a) **Burial** (b) Date thereof **12-11-40**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **I.O.O.F.-Charleston, Mo.**

18. (a) Signature of funeral director **Lair-Nunnelee Service**
 (b) Address **Charleston, Mo.**

19. (a) **12-12-40** (b) **J. D. Vernon**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Mississippi**
 (c) City or town **Charleston**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **202 Hunter Street**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Dec.** day **10th.**
 year **1940** hour **4** minute **30** A.M.
 21. I hereby certify that I attended the deceased from **about 4/22**
 19**40**, to **Dec. 10**, 19**40**
 that I last saw her alive on **July 1, 8**, 19**40**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Stomach** **4/23/40**
 Duration **2 1/2**
 Due to..... **4/6**
 Due to.....
 Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
 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?..... (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
745
 While at work..... (Specify type of place) (e) Means of injury.....
 23. Signature **Geo. W. Whitaker** (M. D. or other) **12/11/40**
 Address **East Prairie, Mo.** Date signed

RECEIVED

District Health Officer No. 2

District File Number 141-70

Date 1/20/41

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 E. E. Gunnelee

Licensed Embalmer No. 4164

P. O. Address Charleston, 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, fact should be so stated above.