

No. 2  
13-40  
7-39  
X23159

FILED JUN 10 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

19592 17295  
State File No.

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 538

1. PLACE OF DEATH:  
 (a) County BUCHANAN  
 (b) City or town ST. JOSEPH  
 (c) Name of hospital or institution: STATE HOSPITAL No. 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 8 years 6 mo 8 days  
 In this community 8 years 6 mo 8 days  
 years, months or days

3. (a) PRINT FULL NAME VIRGINIA Elizabeth Howell  
 3. (b) If veteran, name war —  
 3. (c) Social Security No. NONE

4. Sex Female 5. Color or race white  
 6. (a) Single, widowed, married, divorced Widow  
 6. (b) Name of husband or wife Joseph H.  
 6. (c) Age of husband or wife if alive — years  
 7. Birth date of deceased Aug 3 1868  
 (Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 19  
 If less than one day hr. min.

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

10. Usual occupation Housewife  
 11. Industry or business —

MOTHER FATHER  
 12. Name William Gray  
 13. Birthplace Tennessee  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Nancy Clewinger  
 15. Birthplace Unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. R. L. Tolson  
 (b) Address 1428 W. Colby Independence  
 17. (a) Removal (b) Date thereof 5/22/41  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Cemetery 9th St

18. (a) Signature of funeral director W. B. Brothman  
 (b) Address 1428 W. Colby Independence  
 19. (a) 5/22/41 (b) H. J. Neethush  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Ray  
 (c) City or town Camden Mo.  
 (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.? 0 years

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month May day 22  
 year 1941 hour 111 minute 45 A. M.  
 21. I hereby certify that I attended the deceased from May 2  
1941, to May 22 1941  
 that I last saw her alive on May 22 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease 20 days  
 Due to Arteriosclerosis General 20 days  
 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?  
 While at work? — (Specify type of place) (e) Means of injury —  
 23. Signature Herbert C. Shime (M. D. or other) M.D.  
 Address State Hwy #2 Date signed 5-22-41

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

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

**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.....

*Brothers Funeral Home*

Registered Apprentice No.....

working under my personal supervision.

*Brothers Funeral Home*

Signed.....

*J. S. Brothers*

Licensed Embalmer No. *2001*

P. O. Address. *Belmond*

**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.**