FILED JUL 16 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21526

Registration District No. 238 Primary Registration District No. 5326 Registrar's No.

1. PLACE OF DEATH:

(a) County Dade Cedar Twsp.

(b) City or town ~~Lockwood, Mo.~~ Rt. 1.
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Midsouri. (b) County Dade

(c) City or town Lockwood, Mo. Rt. 1. Rural.
(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.

3. (a) PRINT FULL NAME Martha Ellen Howard.

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 Infant

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan. 30, 1941.
(Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day hr. 2½ hrs. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name Albert Howard

13. Birthplace Milford, Mo. (City, town, or county) Barton Co. (State or foreign country)

14. Maiden name Ellen Crawford.

15. Birthplace Scotland, Mo. (City, town, or county) Jasper Co. (State or foreign country)

16. (a) Informant's own signature Albert Howard

(b) Address Lockwood. Mo. #1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 31, 41 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Grove Cem.

18. (a) Signature of funeral director J. W. Ward.

(b) Address Greenfield Mo.

19. (a) 2-1-1941 (Date received local registrar) (b) J. A. Wren (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 30 year 1941. hour 11 minute A. M.

21. I hereby certify that I attended the deceased from Jan 30, 1941, to Jan 30, 1941; that I last saw her alive on Jan 30, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Congenital mitral heart lesion — Duration

Due to

Due to

Other 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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. M. Brooks (M. D. or other)

Address Golden City Mo Date signed Jan 31 41

(Licensed Embalmer's Statement on Reverse Side)

Rev. 5-17-39 1 X19511

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 6,
District File Number 741-1241
Date Filed JUL 15 1941

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 J. W. Ward

Licensed Embalmer No. 2832

P. O. Address Greenfield 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.