

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **28338**

**FILED** SEP 15 1941  
Registration District No. **1918**

Primary Registration District No. **2001**

Registrar's No. **691**

1. PLACE OF DEATH:

(a) County **GREENE**  
(b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**St. John Hosp.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **6 Weeks**  
(Specify whether  years, months or days)  (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mrs. Gladys Howard**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Edgar Howard** 6. (c) Age of husband or wife if alive **Unknown** years  
7. Birth date of deceased **April 22 1905**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>1 36</b>	<b>4</b>	<b>2</b>	hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

12. Name **James Ramey**  
13. Birthplace **Unknown Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary Dake**  
15. Birthplace **Unknown Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Edgar Howard**  
(b) Address **Springfield, Mo.**

17. (a) **Burial** (b) Date thereof **Aug. 26 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highlandville, Mo.**

18. (a) Signature of funeral director **H.H. Lohmeyer**

(b) Address **Springfield, Mo.**

19. (a) **8-26-41** (b) **W. E. Handley, M.D.**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene** **039**  
(c) City or town **Springfield** **26**  
(If outside city or town limits, write "RURAL") **6**  
(d) Street No. **828 S. New**  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)   
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **24**  
year **1941** hour **4** minute **45 a.m.**

21. I hereby certify that I attended the deceased from **8-21** 19**41** to **8-24** 19**41**;  
that I last saw her alive on **8-23** 19**41**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **hemorrhage uterine, toxemia** Duration

Due to **Metastatic abdominal Carcinomatous**

Due to **Primary Carcinoma of Cervix**

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?

While at work? (Specify type of place) (e) Means of injury **—**

23. Signature **W. E. Handley** (M. D. or other) **—**  
Address **Springfield Mo** Date signed **8/25/41**

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

FATHER  
MOTHER

984

(Licensed Embalmer's Statement on Reverse Side)

**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 Walter E. Hamilton  
Licensed Embalmer No. 3808  
P. O. Address Greenville, 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.**

X