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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED SEP 26 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31027

Registration District No. 73 Primary Registration District No. 3006 Registrar's No. 241

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

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia Cil.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Ellis Fischel State Cancer Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days (Specify whether
In this community 14 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pemiscot 77

(c) City or town Steele 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Ada Belle Howell

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 Married

6. (b) Name of husband or wife Henry Howell

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased June (Month) 20 (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
67	2	11	hr. min.

9. Birthplace Obine Co. (City, town, or county) Tenn. 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housewife

FATHER
12. Name W. B. Mellett
13. Birthplace (City, town, or county) Tenn. 1 (State or foreign country)

MOTHER
14. Maiden name Vina Jackson
15. Birthplace (City, town, or county) Tenn. 1 (State or foreign country)

16. (a) Informant Mrs. J. B. Burden
(b) Address Steele, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-2-41 (Month) (Day) (Year)
(c) Place: burial or cremation Steele, Mo. Co.

18. (a) Signature of funeral director Herman Undt. Co.
(b) Address Steele, Mo.

19. (a) 9/3/41 (Date received local registrar) (b) Allie Selby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31
year 1941 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from 8-15-41, 1941, to 8-31-, 1941
that I last saw her alive on 8-30-41, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Peritonitis	3 days
Intestinal obstruction	14 days
Post operative adhesions	
Due to Terminal bronchopneumonia	3 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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Major findings:
Of operations Intestinal obstruction
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 Joe M. Parker (M. D. or other) MD
Address State Cancer Hosp. Date signed 8/31/41

(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 William C. Shelton

Licensed Embalmer No. 3929

P. O. Address Steele, 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.