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FILED OCT 14 1941

Registration District No. **408**

Primary Registration District No. **5564**

Registrar's No. **141**

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Rural, Madison Township**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Reed R# 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **73 Years**
(Specify whether years, months or days)
In this community **73 Years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Ordie Howard**

3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

4. Sex **Female**
5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Charles**
6. (c) Age of husband or wife if alive **Unknown** years

7. Birth date of deceased **Unknown**
(Month) (Day) (Year)

8. AGE: Years **73** Months Days If less than one day hr. min.

9. Birthplace **Reeds R# 1 Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business **None**

MOTHER FATHER { 12. Name **Unknown**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Joe Cunningham**

(b) Address **Reeds R # 1**

17. (a) **Burial** (b) Date thereof **Oct. 3, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Arthur Cemetary**

18. (a) Signature of funeral director **Knell Mortuary**

(b) Address **Carthage Mo.**

19. (a) **Oct. 2, 1941** (b) **E. J. M. Senter, M.D.**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Reeds R # 1**
(If rural, give location)
(e) Citizen of foreign country? **!** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **29**
year **1941** hour **2⁰⁰** minute **P.** M.

21. I hereby certify that I attended the deceased from **19** to **19**; that I last saw **did not see by alive** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral thrombosis**
Due to **Diagnosis**
Due to **Starvation**

Other conditions (Include pregnancy within 3 months of death) **1**

Major findings: Of operations **43**
Of autopsy

Duration
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 **Car**
23. Signature **R. A. Webster** (M. D. or other)
Address **Carthage Mo.** Date signed **Sept 30**

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

41-18-834

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..... *John D. Batchelder*
Licensed Embalmer No. *4153*
P. O. Address..... *Carthage 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.