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7-39
X23159

FILLED NOV 17 1941

6039

156

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH

(a) County Saline

(b) City or town Marshall Rural
(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 _____)

In this community 44 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline

(c) City or town Marshall 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.? _____ years.

3. (a) PRINT FULL NAME Emma Lee Howard

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18
year 1941 hour 11 minute 30 P.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

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

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

7. Birth date of deceased Dec 17 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____
1938 to 10-18-1941, 1941
that I last saw her alive on Oct. 18 - 1941
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>10</u>	<u>1</u>	hr. _____ min. _____

Immediate cause of death Apoplexy

Duration 4 hrs

9. Birthplace 0 Mo.
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

10. Usual occupation None

Other conditions Paralyzed
(Include pregnancy within 3 months of death)

4 yrs.

11. Industry or business _____

12. Name Lewis M. Howard

Major findings: NO X

Of operations 430

Of autopsy NO

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

13. Birthplace 1 Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Lee

15. Birthplace Pitts. S. D. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Ma. Hillman Howard

(b) Address Marshall, Route #1

17. (a) Burial (b) Date thereof Oct. 20 - 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Mo.

18. (a) Signature of funeral director Compt. Ross

(b) Address Marshall Mo.

19. (a) 10-20-41 (b) _____
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

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 A. Putnam (M. D. or other) D

Address Marshall Mo. Date signed 10-20-41

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

MOTHER FATHER

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-10-41

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 Joe N. Parris
Licensed Embalmer No. 1171
P. O. Address Marshall 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.