S. No. 2
M—1-4-41
7. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 22 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10161

Registration District No. 73

Primary Registration District No. 3006-5-18

Registrar's No. 2

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

010
2
4

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution: Boone County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 12 yrs 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Boone 010

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

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Jessie Preston 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 Widower

6. (b) Name of husband or wife Willett O. Howard

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

7. Birth date of deceased Sept. (Month) 18 (Day) 1862 (Year)

8. AGE: Years 79 Months 5 Days 15 If less than one day hr. min.

9. Birthplace Fayette (City, town, or county) Mon (State or foreign country)

10. Usual occupation At Home

11. Industry or business St

FATHER
12. Name Sanford Preston
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Cassie Robinson
15. Birthplace (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Mrs. B.C. Gentry
(b) Address R.R. #3 Columbia Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-5-42 (Month) (Day) (Year)
(c) Place: burial or cremation Oakland Cemetary

18. (a) Signature of funeral director Parker Funeral Service
(b) Address Columbia Mo

19. (a) 3-4-42 (Date received local registrar) (b) Edna H Barbee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 3
year 1942 hour 9 30 minute a M.

21. I hereby certify that I attended the deceased from Mar 2 1942
19 to Mar. 3, 1942
that I last saw her alive on Mar. 3, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure

Due to

Due to

Other conditions Fract. rt. tibia & fibula 3 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations 186a
Of autopsy 18

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) Fract. leg by fall. 118
(b) Date of occurrence Mar. 1, 1942
(c) Where did injury occur? Home - R.R. #6 - Columbia, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? — (e) Means of injury Fall

23. Signature William J. Stewart (M.D.)
Address Columbia, Mo. Date signed 3/4/42

1250

(Licensed Embalmer's Statement on Reverse Side)

Stewart Jr

side 2

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 W. H. Vandeventer

Licensed Embalmer No. 2494

P. O. Address Columbia, 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.