

S. No. 2  
4-1-441  
7. 5-17-39  
P1 X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 10268

FILED APR 2 1942  
Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 272

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

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town St Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Missouri Methodist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 days  
In this community 6 days  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Gentry 038  
(c) City or town King City R.R.  
(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 1

3. (a) PRINT FULL NAME MARY ANNE HOWE  
3. (b) If veteran, name war ✓  
3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 13 day March  
year 1942 hour 5 minute 25 A.M.  
21. I hereby certify that I attended the deceased from March 6 1942 to March 12 1942  
that I last saw h. live on March 11 1942  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Infant  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

Immediate cause of death Congenital Atresia of Esophagus Duration 16 days  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions None 157g<sup>2</sup>  
(Include pregnancy within 3 months of death)

7. Birth date of deceased March 3 1942  
(Month) (Day) (Year)  
8. AGE: Years Months Days If less than one day  
0 10 hr. min.  
9. Birthplace Gentry County (City, town, or county) (State or foreign country)

10. Usual occupation Infant  
11. Industry or business \_\_\_\_\_  
12. Name Samuel N. Howe  
13. Birthplace Gentry County (City, town or county) (State or foreign country) Mo 0  
14. Maiden name Bea De Witt  
15. Birthplace Gentry Co (City, town or county) (State or foreign country) Mo 0  
16. (a) Informant (Father) Samuel N. Howe  
(b) Address Gentry Co  
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-13-42 (Month) (Day) (Year)  
(c) Place: burial or cremation King City  
18. (a) Signature of funeral director H. McLaughlin  
(b) Address King City Mo  
19. (a) 3/13/42 (Date received local registrar) (b) H. McLaughlin (Registrar's signature)

Major findings: 1 Ray Picture  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 U. Roger Moore (M. D. or other) MD  
Address St Joseph Mo Date signed 3/12/42

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

**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 *R. G. Tuggait*.....

Licensed Embalmer No. *2563*.....

P. O. Address *King City 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.**