

FILED MAY 5 1942

Registration-District No. ....

Primary Registration District No. 3009

Registrar's No. 107

1. PLACE OF DEATH:

(a) County. Cape Girardeau

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

(c) Name of hospital or institution. St. Francis Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 2 days  
(Specify whether years, months or days)

In this community. 4 years

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Cape Girardeau

(c) City or town. Cape Girardeau  
(If outside city or town limits, write "RURAL")

(d) Street No. 1516 Water Street  
(If rural, give location)

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

If yes, name country. 0

3. (a) PRINT FULL NAME. Grover C. Howell

3. (b) If veteran, name war. ....

3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. April day. 5  
year. 1942 hour. 10 minute. 15 P.M.

21. I hereby certify that I attended the deceased from 4-1-1942 to 4-5-42, 1942  
that I last saw her alive on 4/4/42, 1942  
and that death occurred on the date and hour stated above.

4. Sex. Male

5. Color or race. White

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

6. (b) Name of husband or wife. Martha C. Howell

6. (c) Age of husband or wife if alive. 44 years

7. Birth date of deceased. 11-29-1892  
(Month) (Day) (Year)

Immediate cause of death. Ch. Cardiac Valvular Disease

Due to. ....

Due to. ....

8. AGE:

Years	Months	Days	If less than one day
<u>49</u>	<u>7</u>	<u>6</u>	hr. .... min.

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

Other conditions. NEPHRITIS

(Include pregnancy within 5 months of death)

PHYSICIAN

Underline the cause to which death should be charged statistically.

10. Usual occupation. Carpenter

11. Industry or business. ....

12. Name. L. A. O. Howell

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

14. Maiden name. Marjorie Jordan

15. Birthplace. Flat River Mo.  
(City, town, or county) (State or foreign country)

Major findings: Of operations. ....

Of autopsy. 131 R

16. (a) Informant. Martha C. Howell

(b) Address. Cape Girardeau, Mo.

17. (a) Burial (b) Date thereof. 4-8-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Lorraine Unit.

18. (a) Signature of funeral director. L. L. Haman

(b) Address. Cape Girardeau, Mo.

19. (a) 4-9-42 (b) F. W. Phelps  
(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.....

(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) (Specify type of place)

While at work? (Specify type of place) (Specify type of place)

23. Signature. [Signature] (M. D. or other) MD

Address. Cape Girardeau Date signed. 4/4/42

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

11  
1  
4

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**RECEIVED**

District Health Officer No. 4  
District File Number 542-536  
Date Filed 5-1-42

**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 L. L. Tanner

Licensed Embalmer No. 2863

P. O. Address Cape Gir, 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.**