

Registration District No. 347

Primary Registration District No. 4211

Registrar's No. 114

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Windsor  
(c) Name of hospital or institution:  
610 S. Franklin St  
(d) Length of stay: In hospital or institution 35 years  
In this community 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry  
(c) City or town Windsor  
(d) Street No. 610 S. Franklin  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Mrs. Nettie Jarvis Howard

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Fe / 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Wm. H. Howard  
6. (c) Age of husband or wife if alive 77 years  
7. Birth date of deceased December 8 1866

8. AGE: Years 75 Months 4 Days 28  
If less than one day hr. min.

9. Birthplace Jefferson City Missouri

10. Usual occupation Housewife

11. Industry or business

12. Name Sidney Jarvis  
13. Birthplace unknown New York  
14. Maiden name Adalaid Piper  
15. Birthplace unknown Michigan

16. (a) Informant Mr. Wm. H. Howard

(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 5-8-42

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner

(b) Address Windsor, Mo.

19. (a) May 11, 1942 (b) Georgia Kitchen

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6  
year 1942 hour 7:25 a m minute..... M.

21. I hereby certify that I attended the deceased from April 20 1942 to May 3 1942  
that I last saw her alive on May 3 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia  
Due to Fracture of femur & ribs

Due to.....  
Other conditions Cystitis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none  
Of autopsy none

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence April 20, 1942  
(c) Where did injury occur? Windsor, Missouri  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
yes, about home

While at work? yes (Specify type of place)  
(e) Means of injury Fall  
23. Signature J.A. Buckner (M. D. or other)  
Address Windsor, Mo Date signed 5-7-42

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

72  
22  
0

RECEIVED  
District Health Officer No. 7,  
District File Number 6-42-579  
Date Filed 6-8-43

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**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..... *Edw. M. Justice*

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.**