

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21661

FILED JUL 10 1942

State File No. _____

Registration District No. 49-11-86

Primary Registration District No. 5649

Registrar's No. 22

57
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: *Lincoln Rural*

(a) County *Lincoln*

(b) City or town *Rural*

(c) Name of hospital or institution: *Hurricane sup*
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED: *D. 57*

(a) State *Mo* (b) County *Lincoln*

(c) City or town *Elberry Mo*
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? *0* years.

3. (a) PRINT FULL NAME *Luella Howland*

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *June* day *21*
year *1942* hour _____ minute _____ M.

4. Sex *Female* 5. Color or race *White*

6. (a) Single, widowed, married *Divorced*

6. (b) Name of husband or wife _____

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

7. Birth date of deceased *March 24 1865*
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from *June 17*, 19*42*, to *June 21*, 19*42*
that I last saw h*er* alive on *June 21*, 19*42*
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

77 2 27 hr. min.

Immediate cause of death *Cerebral Embolism*

Duration *4 days*

9. Birthplace *Calhoun Co Ill*
(City, town, or county) (State or foreign country)

10. Usual occupation *House work*

Due to _____

Due to _____

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

MOTHER FATHER { 11. Industry or business _____

12. Name *Will Poore*

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

14. Maiden name *Maria Masier*

15. Birthplace *Masier Ill*
(City, town, or county) (State or foreign country)

Major findings: *83 f*
Of operations _____

Of autopsy _____

16. (a) Informant *Mrs Maude Blockstein*

(b) Address *Elberry Mo*

17. (a) *Burial* (b) Date thereof *June 24-42*
(Manner, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Hampshire Ill*

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director *W. B. Bradley*

(b) Address *Elberry Mo*

19. (a) *July 6-1942* (b) *W. H. Williams*
(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? _____

While at work? _____ (Specify type of place)

(e) Means of injury *2*

23. Signature *Richard L. Wilson* (M. D. or other) *Dr*

Address *Elberry Missouri* Date signed *6/23/42*

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..... *W. W. Bradley*.....
Licensed Embalmer No..... *3966*.....
P. O. Address..... *Estery 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.