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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

AUG 21 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 4-104

Primary Registration District No. 3008

Registrar's No. 27157

14  
2  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Callaway  
(b) City or town Fulton, Texas  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution State Hospital No 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 yrs 4 mo 405  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Camden <sup>14</sup>  
(c) City or town Richland <sup>2</sup>  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Anna LaFette Howers

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

4. Sex M 1 5. Color or race W 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
(Month) (Day) (Year) 1875

7. Birth date of deceased Feb 11 (Month) (Day) (Year)  
8. AGE: Years 67 Months 3 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Gower Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Teacher

11. Industry or business \_\_\_\_\_

12. Name Ellen Howers

13. Birthplace York 1  
(City, town, or county) (State or foreign country)

14. Maiden name Sascha

15. Birthplace New York 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Record

(b) Address \_\_\_\_\_

17. (a) Removal (b) Date thereof 8 4 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia mo

18. (a) Signature of funeral director J.B. Roberts

(b) Address Columbia mo

19. (a) 8-4-42 (b) Joie Manickoff  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25  
year 1942 hour 2:20 minute 0 M.

21. I hereby certify that I attended the deceased from 7/26/1942 to 7/25/1942  
that I last saw her alive on 7/27/1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Due to Arteriosclerosis

Due to \_\_\_\_\_  
Other conditions 930  
(Include pregnancy within 3 months of death)

Major findings: 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 0  
23. Signature Joie Manickoff (M. D. or other) MD  
Address Fulton Mo Date signed 7/28/42

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

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**