. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

2727425

State File No.

Registration District No. 408 Primary Registration District No. 3020 Registrar's No. 183

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

1. PLACE OF DEATH:

(a) County: Jasper 49

(b) City or town: Carthage 1

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 605 Howard 3

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution

In this community: 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper 49

(c) City or town: Carthage 1

(If outside city or town limits, write "RURAL")

(d) Street No.: 605 Howard 3

(If rural, give location)

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

If yes, name country: - - - - - 0

3. (a) PRINT FULL NAME: Sarah Marinda Howard

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed 2

6. (b) Name of husband or wife: Wm. Henry Howard

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

7. Birth date of deceased: February (Month) 8 (Day) 1864 (Year)

8. AGE: Years 78 Months 6 Days 15 If less than one day: hr. min.

9. Birthplace: Lawrence (City, town, or county) Kansas 1 (State or foreign country)

10. Usual occupation: At Home

11. Industry or business: None

FATHER 12. Name: William Bowers

FATHER 13. Birthplace: — (City, town, or county) Tennessee 1 (State or foreign country)

MOTHER 14. Maiden name: Polly Starr

MOTHER 15. Birthplace: — (City, town, or county) Indiana 1 (State or foreign country)

16. (a) Informant: Mrs. Daisy Morris

(b) Address: Carthage, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 25, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Park Cemetery

18. (a) Signature of funeral director: Knell Mortuary

(b) Address: Carthage, Missouri

19. (a) Aug. 25, 1942 (Date received local registrar) (b) Elizabeth Coplin (Registrar's signature)

1203 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 23 year 1942 hour 4 minute 9 M.

21. I hereby certify that I attended the deceased from 1937, to 8-22, 1942; that I last saw h. alive on 8-22-42, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of colon	1 yr +
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 462	
Major findings: Of operations:	
Of autopsy:	

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

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)

While at work? (e) Means of injury: 0

23. Signature: J. Russell Smith M.D. (M. D. or other)

Address: Carthage Mo Date signed: 8-24

42.8.695

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 Emm Rightnell

Licensed Embalmer No. 391

P. O. Address Carthage

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.