

FILED NOV 10 1942

State File No.

Registration District No. 38

Primary Registration District No. 3006-5-20

Registrar's No. 236

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution:
405 W. Broadway /
(If not in hospital or institution, write street number or location)

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

In this community 32 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(d) Street No. 405 W. Bdwy.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SARAH E. HOWELL

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Henderson Allen Howell

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

7. Birth date of deceased 9 - 10 - 1858
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>84</u>	<u>1</u>	<u>14</u>	hr. _____ min. _____

9. Birthplace Monroe County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name R.H. Williams

13. Birthplace Kentucky /
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Coppodge

15. Birthplace Kentucky /
(City, town, or county) (State or foreign country)

16. (a) Informant Roberta Howell

(b) Address 405 W. Bdwy., Columbia, Mo.

17. (a) Burial (b) Date thereof 10-26-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Parker F. ...

(b) Address Columbia, Mo.

19. (a) 10-26-42 (b) Edora H. Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24
year 1942 hour 5:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from 1940
to 10-24-1942
that I last saw him alive on 10-24-
and that death occurred on the date and hour stated above.

Immediate cause of death Central Neuron
or large

Due to Old age

Other conditions Arteriosclerosis
(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 _____

(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? No

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature W.P. Dyson (M. D. or other) W.P.D.
Address Columbia Mo Date signed 10-26-42

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

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. D. McPherson
.....
Licensed Embalmer No. *3893*
.....
P. O. Address *Columbia, 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.