S. No. 2
M—5-42
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 2 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33235

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 804

1. PLACE OF DEATH:

(a) County Buchannan
(b) City or town Saint Joseph Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 507 North 3rd, Street. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community I year 4 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchannan 11
(c) City or town Saint Joseph 2
(If outside city or town limits, write "RURAL")
(d) Street No. 507 North 3rd, Street.
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Nina carter Howard
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female 3
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Unknown Deseased
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. 5 (Month) (Day) 1870. (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	0	20	hr. min.

9. Birthplace Platts Burg Missouri. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Domestic
11. Industry or business None
FATHER
12. Name Henry Hunter
13. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)
16. (a) Informant Clifford Young.
(b) Address 1712 North 28, St. Omaha Neb.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/28/1942 (Month) (Day) (Year)
(c) Place: burial or cremation Plattsburg MO.
18. (a) Signature of funeral director RAMSEY AND SON MORT.
(b) Address 1602 Messanie St. Joseph MO.
19. (a) 9-28-42 (Date received local registrar) (b) Rose Hazag (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 25
year 1942 hour 1 minute 30 A. M.
21. I hereby certify that I attended the deceased from 25 Sept 1942, to 25 Sept 1942
that I last saw him alive on 25 Sept 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage Apoplexy	1 hour
Due to Senility	2 yrs
Due to	
Other conditions none (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

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 None
(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? None (e) Means of injury
23. Signature E. T. Strawn (M. D. or other)
Address E. T. STRAWN, M. D. 1908 Messanie St. Date signed 26 Sept 42

1233 (Licensed Embalmer's Statement on Reverse Side)

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.