

FILED NOV 11 1942 288

Registration District No.

Primary Registration District No. 4426

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Polk
(b) City or town Fairplay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether years, months or days) years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Polk
(c) City or town Fairplay
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME Mary A Howe
(b) If veteran, name war (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 6
year 1942 hour 4 minute 17 . M.

4. Sex female / 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife William R. Howe 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Nov 15 1965
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 17 1942
or Oct 6 1942
that I last saw h. alive on Oct 6 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 10 Days 21 If less than one day hr. min.

Immediate cause of death paralysis (Unilateral)
Arterio sclerosis

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

Due to Arterio sclerosis
Due to 1

10. Usual occupation housewife

Other conditions 930
(Include pregnancy within 3 months of death)

11. Industry or business

Major findings: Of operations

12. Name Rouse

Of autopsy

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

14. Maiden name Unknown

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

16. (a) Informant William Howe

(b) Address Fairplay

17. (a) Burial (b) Date thereof Oct 8, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Barren Creek

18. (a) Signature of funeral director Chas H. Brown
(b) Address Polk, Mo

19. (a) Nov 5 1942 (b) L. Wall Brown
(Date received local registrar) (Registrar's signature)

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?

23. Signature Chas H. Brown (M. D. or other) MD
Address Fairplay Date signed 11-4-42

RECEIVED

District Health Officer No. 7,

District File Number 11-42-1161

Date Filed 11-5-42

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.....

O. J. Ester

Licensed Embalmer No. 4154

P. O. Address Bolivar, 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.