

FILED NOV 18 1942

Registration District No. 337

Primary Registration District No. 4499

Registrar's No. 101

102  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
 (a) County Shelby Co.  
 (b) City or town Shelbina  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 20 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Shelby  
 (c) City or town Shelbina  
 (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 \_\_\_\_\_

3. (a) PRINT FULL NAME Clara Josephine Howard  
 3. (b) If veteran, name war X 3. (c) Social Security No. X

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Dec day 1 year 1942 hour 11 minute 10 P.M.  
 21. I hereby certify that I attended the deceased from Dec 1, 1942 to Dec 1, 1942; that I last saw her alive on Dec 1, 1942; and that death occurred on the date and hour stated above.  
 Immediate cause of death: Myocarditis  
 Duration: 1 yr.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife John Howard 6. (c) Age of husband or wife if alive 67 years  
 7. Birth date of deceased: Sept. 5th, 1881  
 (Month) (Day) (Year)

Due to Flu about a yr ago  
 Due to \_\_\_\_\_  
 Other conditions: Cancer of Liver  
 (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
61 1 26 hr. \_\_\_\_\_ min.

Major findings: 468  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

9. Birthplace Albion Nebraska  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation House wife

11. Industry or business X  
 12. Name Not known  
 13. Birthplace Not known 9  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Not known  
 15. Birthplace Not known 9  
 (City, town, or county) (State or foreign country)

16. (a) Informant John Howard  
 (b) Address Shelbina, Mo.

17. (a) Burial (b) Date thereof 11-6-1942  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Shelbina Mo.

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? \_\_\_\_\_

18. (a) Signature of funeral director Million & Barkley  
 (b) Address Shelbina Mo.

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature R. L. Caldwell 20  
 Address Shelbina, Mo. Date signed Nov 2-42

19. (a) Nov. 4 1942 (b) Madge Gooch  
 (Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 10

Deceased File Number: 11-42-3011

Date Filed: NOV 17 1942

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 E. W. Hopkins  
Licensed Embalmer No. 3498  
P. O. Address Shelburne - Md

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.