

FILED DEC 15 1942

Registration District No. **245**

Primary Registration District No. **3047**

Registrar's No. **132**

73
3
2

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

1. PLACE OF DEATH:

(a) County Newtown

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

(c) Name of hospital or institution:
Sale-Goodman Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 da.
(Specify whether)

In this community 14 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County McDonald

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

(d) Street No. _____
(If rural, give location)

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

3. (a) PRINT FULL NAME MARIE HOWE

3. (b) If veteran, # _____ name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased May 5 - 1928
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

14 7 3 hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Maurice Howe

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

14. Maiden name Fala Buzzard

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

16. (a) Informant Maurice Howe

(b) Address Goodman, Mo.

17. (a) Burial (b) Date thereof 12-4-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Howard Cemetery

18. (a) Signature of funeral director Chas. W. Williams

(b) Address Goodman, Mo.

19. (a) 12-5-1942 (b) Carey Thompson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2
year 1942 hour 11 minute 10 AM

21. I hereby certify that I attended the deceased from Nov 2
1942 to Dec 2, 1942
that I last saw her alive on Dec 2, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia
Lesion on Rt Tonic

Due to _____

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 _____

(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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Melvin P. Bouman M. D. or other _____
Newtown Mo Date signed Dec 3-42

RECEIVED

District Health Officer No. 6,

District File Number 1242-1762

Date Filed DEC 14 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.....

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.