S. No. 2
M—5-42
r. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1604

FILED FEB 5 1943

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 134

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 12 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL") 7
(d) Street No. 1016 Douglas St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Anna Belle Howard

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Joseph Howard

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased July 24 1896
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
46	5	12	hr. min.

9. Birthplace Gentry County Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Issac Wood
13. Birthplace Gentry County Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Aletha Osborne
15. Birthplace Gentry County Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Howard
(b) Address 1016 Douglass, St Joseph, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 9, 1943
(Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cem.

18. (a) Signature of funeral director Clark Mortuary
(b) Address 5025 King Hill Ave.

19. (a) 1-9-43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6
year 1943 hour 5 minute 30 p M.

21. I hereby certify that I attended the deceased from Dec 1942, to Jan 6, 1943
that I last saw her alive on Jan 6, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: chr myocarditis	?
Due to: Asthmatic Bronchitis Several Mo.	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Compression Atelectasis L leg	
Major findings: Of operations: Pleural Effusion left & rt lung	
Of autopsy: Chr fibrosis of Pleura	

938

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)
Address St Joseph, Mo. Date signed 1/8/43

1233

(Licensed Embalmer's Statement on Reverse Side)

JUL 2 1946

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~~ Jan. 6, 1943

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Earl A. Clark

Licensed Embalmer No. 4238

P. O. Address St. Joseph

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.