

Registration District No. 42

Primary Registration District No. 1001/600

Registrar's No. 416

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: State Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs 6 mos 5 das
(Specify whether
In this community 2 yrs 6 mos 5 das
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 140 2 1/2 East 18th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3
year 1943 hour 4 minute 7 P. M.
21. I hereby certify that I attended the deceased from Mar 6
1943 to 4-3 1943
that I last saw her alive on 4-3 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia of entire left lung
Due to not known
Due to _____

Other conditions (Include pregnancy within 3 months of death) 108

Duration

PHYSICIAN

Major findings: Of operations _____
Of autopsy Unresolved lobar pneumonia left lung
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 E. H. Meece (M. D. or other) MD
Address State Hosp # 12 Date signed 4-8-43

3. (a) PRINT FULL NAME ALBERTA HOWELL

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race 3 race negro 6. (a) Single, widowed, married
divorced Married

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

7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years about 36 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Laundry worker

11. Industry or business _____

12. Name Neaunomia B. Spencer

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

14. Maiden name Jessie

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

16. (a) Informant Records State Hospital

(b) Address St. Joseph, Missouri

17. (a) B (b) Date thereof 4-8-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation State Hospital Cem

18. (a) Signature of funeral director Randall & Son Mort

(b) Address 1602 Milligan St. St. Joseph

19. (a) 4-8-43 (b) Roe Helzig
(Date received local registrar) (Registrar's signature)

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

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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 Not Embalmed
working under my personal supervision.

Signed

J. F. Ramsey

Licensed Embalmer No. 4081

P. O. Address 1602 Mesden

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.