

ED MAY 10 1943

State File No. ....

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 141

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 14 North Pacific  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution six years (Specify whether in this community six years years, months or days)

3. (a) PRINT FULL NAME Emma G. Howard

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 Widowed  
6. (b) Name of husband or wife John H. Howard 6. (c) Age of husband or wife if alive 5 years (Month) (Day) (Year)  
7. Birth date of deceased July 5 1859 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
83 9 25 hr. ✓ min.

9. Birthplace Jackson Mo. 0 (City, town, or county) (State or foreign country)

10. Usual occupation housewiping

11. Industry or business

12. Name Doral Roussele  
13. Birthplace Paris France 5 (City, town, or county) (State or foreign country)  
14. Maiden name Mary Tooke  
15. Birthplace Sheffield Eng. 4 (City, town, or county) (State or foreign country)

16. (a) Informant Jenni Dridwell

(b) Address 920 A. Lami, St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-2-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Jackson, Mo.

18. (a) Signature of funeral director J. C. Crawford

(b) Address Jackson, Mo.

19. (a) 5-5-43 (Date received local registrar) (b) J. H. Phelps (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cape Girardeau  
(c) City or town Cape Girardeau (If outside city or town limits, write "RURAL")  
(d) Street No. 14 North Pacific (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr 30 day 1943 year 7 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from Apr 20 1943 to Apr 30, 1943.  
that I last saw her alive on Apr 29, 1943.  
and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic Mollities Duration 2 yrs

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) 61

Major findings: Of operations .....

Of autopsy .....

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 George J. Draper (M. D. or other)

Address Cape Girardeau Mo Date signed 5/3-43

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

RECEIVED

District Health Officer No. 4  
District File Number 543-2209  
Date Filed 5-7-43

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Gene C. Cravitt

Licensed Embalmer No. 4327

P. O. Address Jackson, 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.