

S. No. 2
1-9-4-41
5-17-39
PI X2945

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21299

FILED JUL 12 1943
Registration District No. 120

Primary Registration District No. 4197

Registrar's No. 58

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

1. PLACE OF DEATH:

(a) County: Stansbery

(b) City or town: Stansbery

(c) Name of hospital or institution: NO

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: ✓ (Specify whether)

In this community ✓ years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO (b) County: Stansbery

(c) City or town: Stansbery (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: Mrs Lillie May Howell

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

3. (c) Social Security No.: NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 14 year 1943 hour 8:30 minute _____ A. M.

4. Sex: FA

5. Color or race: W

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

6. (b) Name of husband/wife: Elizabeth Howell

6. (c) Age of husband or wife if alive: 75 years

7. Birth date of deceased: Feb 8 1868 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 22 1943 to June 13 1943 that I last saw her alive on June 13 1943 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>4</u>	<u>6</u>	<u>✓</u> hr. <u>✓</u> min.

Immediate cause of death: Carcinoma of the stomach

9. Birthplace: Lathrop MO (City, town, or county) (State or foreign country)

Due to _____

Due to _____

Other conditions: _____ (Include pregnancy within 3 months of death)

10. Usual occupation: Housewife

Major findings: _____ Of operations: _____

11. Industry or business: at home

12. Name: Amestroy Floyd

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

14. Maiden name: Elizabeth Cusack

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

16. (a) Informant: Elizabeth Howell

(b) Address: Stansbery MO

17. (a) Burial (Burial, cremation, or disposal)

(b) Date thereof: June 17 1943 (Month) (Day) (Year)

(c) Place: burial or cremation: Stansbery MO

18. (a) Signature of funeral director: Katey F. Phillips

(b) Address: Stansbery MO

19. (a) 6/16/43 (Date received local registrar)

(b) Horner M. Heister (Registrar's signature)

Of autopsy: _____

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: A. E. Simpson (M. D. or other)

Address: Stansbery MO Date signed: 6-16-43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

1108
Affirmation of Registrar's Statement on Reverse Side

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.....

Latoy F. Phillips

Licensed Embalmer No.

1898

P. O. Address.....

Staten Island, N.Y.

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.