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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 4 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16027

State File No. \_\_\_\_\_

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 53

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Newada  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
219 South Pine 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 4 2 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon  
(c) City or town Newada  
(If outside city or town limits, write "RURAL")  
(d) Street No. 219 South Pine  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Graco Estrella Howell

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

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

6. (b) Name of husband or wife L. B. Howell 6. (c) Age of husband or wife if alive 61 1/2 years

7. Birth date of deceased May 18 - 1883  
(Month) (Day) (Year)

8. AGE: Years 60 Months 10 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Fond du Lac, Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name George H. Leritz

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

14. Maiden name Bertha Fuller

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

16. (a) Informant L. C. Howell

(b) Address 219 South Pine

17. (a) Burial (b) Date thereof Apr. 16 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moore Cemetery

18. (a) Signature of funeral director Ernest J. Moore

(b) Address Newada, Mo.

19. (a) 4-18-44 (b) Ray B. Bewick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 13  
year 1944 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from Mar 8, 1944 to April 13, 1944  
that I last saw her alive on 4/13, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive heart disease  
Due to Cerebral hemorrhage  
Due to \_\_\_\_\_

Other conditions Cerebral hemorrhage  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 931d

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 F. L. Martin (M. D. or other) M.D.  
Address Cleona Date signed 4/17/44

Duration \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

1531

RECEIVED

District Health Officer No. 7,

District File Number

Date Filed

4244-582  
5-3-44

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 me

, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed L. B. Terry

Licensed Embalmer No. 1760

P. O. Address Nevada Inn

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.