

FILED JUN 30 1944  
Registration District No. \_\_\_\_\_

Primary Registration District No. 4260

Registrar's No. 193

1. PLACE OF DEATH:

(a) County Knox  
(b) City or town Baring  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution 2 yrs.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Carrie Howe

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

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Charley Howe 6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased May 25 - 1882  
(Month) (Day) (Year)

8. AGE: Years 61 Months 11 Days 5  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Knox City Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

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

MOTHER FATHER

12. Name Joseph Rogers  
13. Birthplace Memphis Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Watson  
15. Birthplace Memphis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant John H. Mc  
(b) Address \_\_\_\_\_  
17. (a) Burial (b) Date thereof May-2-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Hurdland, Missouri

18. (a) Signature of funeral director Keith Anderson  
(b) Address Edina, Missouri  
19. (a) May 14-44 (b) Nelle Northcutt  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30  
year 1944 hour 10 minute 2 M.

21. I hereby certify that I attended the deceased from Jan 1st, 1944 to April 30, 1944  
that I last saw her alive on April 30, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis  
Duration Chronic

Due to Don't know

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 13/a

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 \_\_\_\_\_

Signature J. S. Leman (M. D. or other)  
Address Edina Mo Date signed May 2/44

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

5200

RECEIVED

District Health Officer No. 10

District File Number 6-44-1185

Date Filed JUN 15 1944

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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, Minn.

**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.**