V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 21 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

24609

State File No.

Registration District No. 11

Primary Registration District No. 5429

Registrar's No. 78

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Rural. Lyon Twp
(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)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 6 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Franklin

(c) City or town Rural. 36
(If outside city or town limits, write "RURAL")

(d) Street No. 8
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Nellie B. Howard

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 W. 7

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec. (Month) 31 (Day) 1875 (Year)

8. AGE: Years 68 | Months 5 | Days 9 | If less than one day hr. min.

9. Birthplace Macomb Ill (City, town, or county) (State or foreign country)

10. Usual occupation School teacher.

11. Industry or business

FATHER
12. Name Leroy Cannon.
13. Birthplace Macomb Ill. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emeline Greer.
15. Birthplace Macomb Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Elvus Howard
(b) Address Gerald. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 13 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Rushville Ill.

18. (a) Signature of funeral director E H Temme
(b) Address Beaufort Mo

19. (a) 6/10/44 (Date received local registrar) (b) Don Owens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
year 1944 hour 7 minute 15 a. M.

21. I hereby certify that I attended the deceased from May 5, 1944, to June 10, 1944
that I last saw her alive on May 9, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Apoplexy	35 da
Due to Chronic Arterial hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations No operation
Of autopsy No 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature G L Matthews M.D. (M. D. or other)
Address Beaufort Mo Date signed 6/10/44

1137

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 7-20-44

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 E. H. Jemme, Registered Apprentice No. _____, working under my personal supervision.

Signed E. H. Jemme

Licensed Embalmer No. 3076

P. O. Address Beaufort 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, above space should be left blank.