

FILED AUG 14 1944
152

State File No.

Registration District No.

Primary Registration District No. 2001

Registrar's No.

369

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 hours
(Specify whether years, months or days) 11 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Box 752E, R. F. D. #1 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Norma Jean Howard

3. (b) If veteran, name war. 3. (c) Social Security No. None

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

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

7. Birth date of deceased August 16, 1943
(Month) (Day) (Year)

8. AGE: Years 0 Months 11 Days 11 If less than one day hr. min.

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

10. Usual occupation Child

11. Industry or business

12. Name Albert Howard

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

14. Maiden name Ellen Howard

15. Birthplace Jasper County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Howard

(b) Address Box 752E R. F. D. #1, Joplin

17. (a) Burial (b) Date thereof 7-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin, Missouri

19. (a) 7-28-44 (b) [Signature] (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1944 hour 2:35 A. Minute M.

21. I hereby certify that I attended the deceased from July 26, 1944 to July 27, 1944 that I last saw her alive on July 26, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chole - cecitis

Due to Unknown

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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 [Signature] (M.-D. or D.O.) Address [Address] Date signed 7/22/44

Duration 56 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

629

Chenoweth

44-7-640

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.....

working under my personal supervision.

....., Registered Apprentice No.

Signed *Terry L. Hubert*.....

Licensed Embalmer No. *959*.....

P. O. Address *Opus Hill*.....

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.