

FILED NOV 10 1944

4403

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Remiscot
 (b) City or town Steele
 (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 20 years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri County Remiscot
 (b) City or town Steele
 (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 Greziida A. Howe
 3. (b) If veteran, name war NO
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month August day 18
 year 1944 hour 10 minute 45 A.M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased December 17, 1874
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 5, 1944, to Aug 18, 1944
 that I last saw her alive on Aug 18, 1944
 and that death occurred on the day and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>8</u>	<u>1</u>	hr. _____ min. _____

Immediate cause of death Cancer of Bladder
 Due to: Chronic Cystitis
 Due to _____

9. Birthplace St. Vernon Illinois
 (City, town, or county) (State or foreign country)
 10. Usual occupation Housework

Other conditions (include pregnancy within 3 months of death) 52 lb

11. Industry or business _____
 12. Name James Jagon
 13. Birthplace East Know 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Dot Know
 15. Birthplace East Know 9
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Ralph Howe
 (b) Address Steele, Mo
 17. (a) Burial (b) Date thereof 8-20-44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Maple Cemetery, Coatesville, Mo
 18. (c) Signature of funeral director Harman Fun Home
 (b) Address Steele, Mo Box # 71
 19. (c) 10/7/1944 (b) Dorothy Hanna
 (Date received local registrar) (Registrar's signature)

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) _____
 Means of injury _____
 23. Signature York England (a) D. or other _____
 Address Steele, Mo Date signed 9/15/44

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

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10-41-237

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: John W. German
Licensed Embalmer No. 4355
P. O. Address State, Ms Box 71

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.