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M-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38453

State File No. _____

FILED DEC 13 1944

Registrar's No. 181

Registration District No. 257

Primary Registration District No. 3048

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
720 West 2nd street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mints
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74
(c) City or town Maryville
(If outside city or town limits, write "RURAL")
(d) Street No. 720 West 2nd Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Victoria Rebecca Howden

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife William Howden 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 24, 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 2 27 hr. min.

9. Birthplace Columbus City Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name James D. Paschal

13. Birthplace Van Linn Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Franklin Hann

15. Birthplace Van Linn Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma Garrett

(b) Address Maryville, Mo.

17. (a) Burial (b) Date thereof 11-23-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Skidmore Cemetery

(d) Signature of funeral director Price Funeral Home

(e) Address Maryville, Mo.

19. (a) Nov 23 44 (b) Lucy Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21
year 1944 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov 21-1944
Nov 21-1944 19____; that I last saw her alive on Nov 21-1944 and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis of the Branch of Right Middle Meningeal Artery causing death in 2 hours. Duration _____

Due to _____
Other conditions Slight High Blood Pressure
(Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy g3d

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 Chas Bell (M. D. or other) _____

Address Maryville, Mo. Date signed 11/21/44

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

MOTHER FATHER

FEB 1 1945

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. Price

Licensed Embalmer No. 3229

P. O. Address. Maryville 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, fact should be so stated above.