

FILED DEC 13 1944

Registration District No. _____

Primary Registration District No. 3058

Registrar's No. 166

1. PLACE OF DEATH:

(a) County St. Charles
 (b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Joseph *(M)*
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 days
(Specify whether years, months or days)
 In this community 15 months

3. (a) PRINT FULL NAME Ida Howdeshell

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 3 Divorced

6. (b) Name of husband or wife James Howdeshell 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased May 18 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>6</u>	<u>7</u>	hr. _____ min. _____

9. Birthplace St. Charles County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Ca sper Vonnahan
 13. Birthplace not known 9
(City, town, or county) (State or foreign country)
 14. Maiden name not known
 15. Birthplace not known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mat Besselman
(b) Address St. Charles Mo.

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

(c) Place: burial or cremation St. Paul Mo

18. (a) Signature of funeral director Ed Keithly

(b) Address Dallas Mo.

19. (a) 11-29-44 (b) Ernst E. Paul
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Charles
 (c) City or town St. Charles
(If outside city or town limits, write "RURAL")
 (d) Street No. 203 S Main
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25
year 1944 hour 12 minute 30P M.

21. I hereby certify that I attended the deceased from Nov 21st, 1944 to Nov 25th, 1944
that I last saw her alive on Nov 25th, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death pulmonary embolism
Duration 2 hrs.

Due to _____

Due to fracture of hip.

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations no Of autopsy no.
160
15

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) accident 129

(b) Date of occurrence Nov 21st, 1944.

(c) Where did injury occur? St. Charles Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
fell in her home

While at work? no. (Specify type of place) (e) Means of injury fall.

23. Signature J P Erich Schulz (M. D. or other) _____

Address St. Charles Mo. Date signed 11/29/44

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

92
9
3

RECEIVED

District Health Officer: No. 9

District File Number.....

Date Filed 12-12-44

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 872

P. O. Address Fallon 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.