

S. No. 2
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

40673

State File No. _____

FILED DEC 26 1944

Registrar's No. 1279

Registration District No. _____

Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Josephs Hospital *D*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 26 days
(Specify whether years, months or days)

In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan *11*

(c) City or town St. Joseph *1*
(If outside city or town limits, write "RURAL") *7*

(d) Street No. 401 Massachusetts
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country. *D*

3. (a) PRINT FULL NAME Lucy Jane Howard

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed *2*

6. (b) Name of husband or wife Isaac Howard

6. (c) Age of husband or wife if alive 27 years
(Day) (Year)

7. Birth date of deceased October 27 1916
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20
year 1944 hour 12 minute 20 A.M.

21. I hereby certify that I attended the deceased from Oct 10, 1944, to Dec 20, 1944
that I last saw her alive on Dec 19, 1944
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>1</u>	<u>23</u>	hr. <u> </u> min. <u> </u>

Immediate cause of death Copious hemipneumonia
secondary metastases

Due to _____

Due to 468

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

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

10. Usual occupation at home

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name Hardin G. Gordon *1*

13. Birthplace unknown N. Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Violet Jackson

15. Birthplace unknown N. Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Roy J. Willis

(b) Address Kansas City, Mo.

17. (a) burial (b) Date thereof 12/21/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ebenezer Cemetery

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? _____

18. (a) Signature of funeral director Beckel & Bauman

(b) Address 319 So. 10th

19. (a) 12/21/44 (b) Robert H. Pickett
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury D

23. Signature R. R. [unclear] M. D. or other _____

Address 134 [unclear] Date signed 12/21/44

1011 (Licensed Embalmer's Statement on Reverse Side)

234 (illegible)

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 Frank A. Bennett
Licensed Embalmer No. 1710
P. O. Address St. Joseph M.

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.