

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6778
State File No.

FILED FEB 16, 1945
Registration District No. 477

Primary Registration District No. 4872

Registrar's No.

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Burlington, Ia.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community all his life
years, months or days)

3. (a) PRINT FULL NAME

Oral Edith Howell

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

6. (b) Name of husband or wife

Guy Howell

6. (c) Age of husband or wife if

alive 59 years

7. Birth date of deceased

May
(Month)

22 1885
(Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

59

8

9

hr.

min.

9. Birthplace

Wilcox
(City, town, or county)

Missouri
(State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

W. H. Jones

W. H. Jones
(City, town, or county) (State or foreign country)

Mary Elizabeth Upthoff
(City, town, or county) (State or foreign country)

Indian
(City, town, or county) (State or foreign country)

16. (a) Informant

Lucille Upthoff

(b) Address

Omaha, Nebraska

17. (a)

Burial
(Burial, cremation, or removal)

(b) Date thereof

1-27-45
(Month) (Day) (Year)

(c) Place: burial or cremation

Chris Cemetery

18. (a) Signature of funeral director

Campbell Funeral Home

(b) Address

951 South Main, Maryville, Mo

19. (a)

Jan 27 1945
(Date received local registrar)

Mrs. W. H. Jones
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway
(c) City or town Burlington, Ia.
(If outside city or town limits, write "RURAL")
(d) Street No. Paradise Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24
year 1945 hour 7 minute 30 a.m.

21. I hereby certify that I attended the deceased from Dec 11, 1944, to Jan 24, 1945,
that I last saw h.e.v. alive on Jan 20, 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of rectum
with metastases

Duration

3 wks.

Due to

Due to

Other conditions

Chronic nephritis
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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)
(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

W. C. Bauman (M. D. or other)

Address

Farley, Mo. Date signed 1/25/45

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

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.....

William Campbell

Licensed Embalmer No.....

2670

P. O. Address.....

Manville 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.