

FILED OCT 12 1945

Registration District No. 231

Primary Registration District No. 4346

Registrar's No. 30

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

1. PLACE OF DEATH:

(a) County Montgomery

(b) City or town Montgomery City
(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 50 yrs (Specify whether years, months or days)

In this community 50 yrs

3. (a) PRINT FULL NAME Julia Howard

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 3 5. Color or race C 6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 20 th 1851
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

93 9 10 _____ hr. _____ min.

9. Birthplace Callaway Co Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER { 12. Name John Johnson

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 0
(City, town, or county) (State or foreign country)

16. (a) Informant Otto Washington

(b) Address Montgomery City Mo

17. (a) Burial (b) Date thereof 9-3-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City Cem

18. (c) Signature of funeral director C. W. Hopkins

(b) Address Montgomery City Mo

19. (a) 9-6-45 (b) Curran J. James
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery 70

(c) City or town Montgomery City /
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 30 th 1945
year _____ hour 10 minute 30 pm

21. I hereby certify that I attended the deceased from July 2 1945 to Aug 30 1945.
that I last saw her alive on Aug 25 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia 3 days
Due to Cerebral Haemorrhage 3 MO.

Due to _____

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

Major findings: Of operations _____

Of autopsy No. 920

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 0

23. Signature James O. Helm (M. D. or other) _____
Address New Florence Mo. Date signed 9-5-45

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 10-11-45

JUN 12 1946

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 on the 30 th
of August 1945

working under my personal supervision.

Registered Apprentice No. _____

Signed C. W. Hopkins

Licensed Embalmer No. 1487

P. O. Address Montgomery City 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.