

Registration District No. 277 Primary Registration District No. Registrar's No. 7

1. PLACE OF DEATH:
(a) County Deming
(b) City or town Doland township Rural
(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 7 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Tempie Howlett
3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elton Howlett 6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased November 29 1909
(Month) (Day) (Year)

8. AGE: Years 35 Months 10 Days 12 If less than one day hr. min.

9. Birthplace Ware Miss
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Best Beverage
13. Birthplace Mississippi
(City, town, or county) (State or foreign country)
14. Maiden name Ellman
15. Birthplace Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Elton Howlett
(b) Address Doland Mo Pop 153

17. (a) Burial (b) Date thereof 10-14-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Grove Cemetery

18. (a) Signature of funeral director J. G. Gorman
(b) Address State Mo Pop 102

19. (a) 10-30-45 (b) J. G. Gorman
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Deming
(c) City or town Doland Rural
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 11th
year 1945 hour 11 minute 30 A.M.
21. I hereby certify that I attended the deceased from Oct 11, 1945
19. to Oct 11 19. 45
that I last saw her alive on Oct 11 19. 45
and that death occurred on the date and hour stated above.

Immediate cause of death Childbirth + toxemia of pregnancy
Due to

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Pregnancy
Of operations none
Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence none
(c) Where did injury occur? none
(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) Manner of injury 0
23. Signature T. G. Roberts (M. D. or other)
Address Georgetown Ark Date signed

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

10-45-198

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. German

Licensed Embalmer No. 4355

P. O. Address. Stale, 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.