

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED DEC 29 1945 STANDARD CERTIFICATE OF DEATH

State File No.

42194

Registration District No.

291

Primary Registration District No.

4433

Registrar's No.

72

1. PLACE OF DEATH:

(a) County Putnam
 (b) City or town Unionville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Monroe Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 46 Days
 (Specify whether
 In this community
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Putnam
 (c) City or town Rural - York Twp.
 (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 _____

3. (a) PRINTED FULL NAME: Lenna Howard

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 23 1884
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 6 2 hr. min.

9. Birthplace Mo.
(City, town, or county) (State or foreign country)10. Usual occupation House Keeper

11. Industry or business _____

MOTHER FATHER
 12. Name Samuel Howard
 13. Birthplace Ind.
 (City, town, or county) (State or foreign country)
 14. Maiden name Louisa Smiley
 15. Birthplace Iowa
 (City, town, or county) (State or foreign country)

16. (a) Informant Neal Howard
 (b) Address Powersville, Mo.

17. (a) Burial (b) Date thereof 11-16-45
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns18. (a) Signature of funeral director Martin Funeral Home(b) Address Princeton, Mo.

19. (a) 11-20-45 (b) Marvell Durham
 (Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15
 year 1945 hour 2 minute 15 A.M.

21. I hereby certify that I attended the deceased from Oct 15
1945 to Nov. 15 1945
 that I last saw her alive on Nov. 15 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of uterusDue to not known

Due to _____

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

Major findings:
 Of operations _____

Of autopsy _____

Duration

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 L. W. McDonald (M. D. or other) AP
 Address Princeton, Mo. Date signed 11-16-45

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

RECEIVED

District Health Officer No. 10

District File Number 12-45-1845

Date Filed DEC 20 1945

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 H. Evan Martin

Licensed Embalmer No. 3760

P. O. Address Princeton Md

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.