

FILED AUG 1 1946 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 223

Primary Registration District No. 5795

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Moniteau  
(b) City or town Latham  
(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community Life Time  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau  
(c) City or town (Latham) Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Sarah Frances Howard

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married? Widowed

6. (b) Name of husband or wife R. W. Howard 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased Feb. 21 1856  
(Month) (Day) (Year)

8. AGE: Years 90 Months 4 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Cooper Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

12. Name W. H. Medlin

13. Birthplace Cooper Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Howard

15. Birthplace Cooper Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Howard  
(b) Address Latham, Mo.

17. (a) Burial (b) Date thereof July 14, 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director W. H. Medlin  
(b) Address Wassalleys Dis

July 12-46 (Date received local registrar) W. H. Medlin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11  
year 1946 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 4 to July 11  
that I last saw her alive on July 9  
and that death occurred on the date and hour stated above.

Immediate cause of death Megacarditis. Duration 1 year

Due to Arthritis.

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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. L. Latham (M. D. 1946)  
Address California Mo Date signed 7-12-46

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

MOTHER FATHER

**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 *W. F. Russell*.....

Licensed Embalmer No. 1546.....

P. O. Address Osborne 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.**