

Registration District No. **282**

Primary Registration District No. **3055**

Registrar's No. **70**

1. PLACE OF DEATH:

(a) County **Folk**
(b) City or town **Balmar**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
410 East Jefferson
(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**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Folk 84**
(c) City or town **Balmar MO**
(If outside city or town limits, write "RURAL")
(d) Street No. **410 East Jefferson**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Anna Maybell Howell
3. (b) If veteran, name war **none** 3. (c) Social Security No. **117 6**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **9**
year **1946** hour **3:05** minute **0** M.
21. I hereby certify that I attended the deceased from **Aug 1st 1946** to **Dec 9 1946**
and that I last saw her alive on **Dec 9 1946**
and that death occurred on the date and hour stated above.
Immediate cause of death **Uremia**

Duration **15 days**

4. Sex **Female** 5. Color or **White**
(b) Name of husband or wife **Joe Howell** 6. (c) Age of husband or wife if **Deceased**
7. Birth date of deceased **Dec 3, 1893**
(Month) (Day) (Year)

8. AGE: Years **53** Months **0** Days **6**
If less than one day hr. min.

9. Birthplace **Folk County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Keeper**

11. Industry or business **House work**

12. Name **William Welch**

13. Birthplace **Folk County Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Reese**

15. Birthplace **Folk County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Albert Howell**

17. (a) **Funeral** (b) Date thereof **Dec 12, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director **Wm Blue**

(b) Address **Balmar MO**

19. (a) **Dec 17, 1946** (b) **Ralph Gordon**
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **32**
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)

Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature **J. H. D. 11000** (a) or other _____
Address **Balmar** Date signed **MO**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
4045B

RECEIVED
DISTRICT OF COLUMBIA
11-16-31
12-27-47

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed..... *Oby Jester*

Licensed Embalmer No. *4154*

P. O. Address. *Bolivar, 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.