

Registration District No. **93** Primary Registration District No. **525-8**

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

1. PLACE OF DEATH:
 (a) County Dallas
 (b) City or town Rural - Lincoln
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Dallas
 (c) City or town Urbana
(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) PRINT FULL NAME Mary Lueria 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 Widowed
 6. (b) Name of husband or wife William J. Howard
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Oct. 10 1863
(Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days 20
 If less than one day _____ hr. _____ min.

9. Birthplace Halfway MO
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
 12. Name Henry Strader
 13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name Margrette Regsdale
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Henry Howard

(b) Address Urbana, MO

17. (a) Burial (b) Date thereof Feb-1-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bowers Chapel Cem

18. (a) Signature of funeral director Daughan-Rosen

(b) Address Urbana, MO

19. (a) 2-16-47 (b) Marie Petree
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29
 year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Jan 15 to Jan 29, 1947
 that I last saw her alive on Jan 21, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Thrombocytopenic purpura
 Duration 1946

Due to Renal vascular disease 1/20

Due to _____

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

Major findings:
 Of operations _____
 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)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature L. A. Reeves (M. D. or other) MD
 Address Urbana MO Date signed 2/3/47

RECEIVED
DISTRICT HEALTH COMMISSIONER NO. 7
DISTRICT OF COLUMBIA
Date Filed 2-18-47

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Allen W. Vaughan

Licensed Embalmer No. 4156

P. O. Address Urbana, 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.