S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23335

Registration District No. 27

Primary Registration District No. 5079

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Rural Spruce Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
RFD#3 Montrose, Mo.,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
In this community 68 Years Bates Co., (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

(c) City or town Rural Spruce Twp
(If outside city or town limits, write "RURAL")

(d) Street No. RFD#3 Montrose, Mo.,
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME IRENE SUSAN HOWE

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 W

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased October (Month) 14, (Day) 1861 (Year)

8. AGE: Years 85 Months 8 Days 24 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Leroy Vincent
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name No Record
15. Birthplace No Record (City, town, or county) (State or foreign country)

16. (a) Informant Lon Howe
(b) Address Butler, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-11-47 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Culver-Underwood
(b) Address Butler, Missouri

19. (a) 7-14-47 (Date received local registrar) (b) Kendall Kerry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th year 1947 hour 8:00 minute PM M.

21. I hereby certify that I attended the deceased from June 5, 1947, to June 5, 1947, that I last saw her alive on June 5, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Pernicious Anemia

Due to

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.

73A

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 E. E. Robinson (M. D. ~~or other~~)

Address Adrian, Mo. Date signed 7-12-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 6-47-861
Date Filed 7-22-47

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 Kenneth H. Rook, Registered Apprentice No. 471, working under my personal supervision.

Signed John G Underwood

Licensed Embalmer No. 3585

P. O. Address Butler, Missouri

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.