No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 29 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28099

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns. Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week (Specify whether
In this community 25 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin (If outside city or town limits, write "RURAL")
(d) Street No. 2008 Joplin St; (If rural, give location) 5
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Lena E. Howard
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife W.C. Howard
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased August (Month) 10. (Day) 1885 (Year)

8. AGE: Years 61 Months 11 Days 21 If less than one day hr. min.

9. Birthplace Sheldon Missouri. (City, town, or county) (State or foreign country)
10. Usual occupation housewife
11. Industry or business
FATHER
12. Name S.W. Wilson
13. Birthplace Illinois (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizebeth Huff.
15. Birthplace Illinois (City, town, or county) (State or foreign country)
16. (a) Informant W.C. Howard
(b) Address 2008 Joplin St; Joplin Mo.
17. (a) Burial (Burial, cremation, or removal). (b) Date thereof August 4, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery
18. (a) Signature of funeral director Hurlbut Und. Co;
(b) Address Joplin Mo.
19. (a) 8-2-47 (Date received local registrar) (b) Dolores Lampkin OR (Registrar's signature) 120

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 31, day 1947
year hour 7-30 P.M. minute M.

21. I hereby certify that I attended the deceased from ? 1946 to July 31, 1947
that I last saw her alive on July 31, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardio-renal disease	7
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 0

23. Signature J A Chenoweth (M. D. or ~~other~~)
Address Joplin, Mo. Date signed 8-2-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-8-685

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 Perry W. Hurlbut

Licensed Embalmer No. 959

P. O. Address Joplin 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.