S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 29 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36649

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2228

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Manchester (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pine Crest Home 4 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3-weeks (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town 6403-a Easton Avenue 0 (If outside city or town limits, write "RURAL")
(d) Street No. Wellston 0 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Jessie Howard
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced W 21
6. (b) Name of husband or wife Wesley
6. (c) Age of husband or wife if alive Dcd. years
7. Birth date of deceased Nov. (Month) 3 (Day) 1870 (Year)

8. AGE: Years 76 Months 11 Days 18 If less than one day hr. min.

9. Birthplace Madison (City, town, or county) Wis. (State or foreign country) 1
10. Usual occupation Housework
11. Industry or business
FATHER
12. Name Ransom Harris 1
13. Birthplace (City, town, or county) Wis. (State or foreign country)
MOTHER
14. Maiden name Nancy Hughes
15. Birthplace (City, town, or county) Wis. (State or foreign country) 1
16. (a) Informant Mary Gaebe
(b) Address 6403-a Easton Ave-Wellston, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-24-47 (Month) (Day) (Year)
(c) Place: burial or cremation Quincy, Illinois
18. (a) Signature of funeral director [signature]
(b) Address 2504-Woodson Rd-Overland, Mo.
19. (a) 10-23-47 (Date received local registrar) (b) Cecila J Sharp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21 year 1947 hour 1 minute 00 P M.
21. I hereby certify that I attended the deceased from Oct 3, 1947 to Oct 21, 1947; that I last saw her alive on Oct 20, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemiplegia Senility	
Due to 83a	
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 A. L. Mohlin MD (M. D. or other)
Address 3507 Potomac Date signed 10-22-47

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

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

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.....

Licensed Embalmer No. 3039

P. O. Address Everland, 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.