. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39019

Registration District No. FILED DEC 3 1947

Primary Registration District No. 5829

Registrar's No. 39

1. PLACE OF DEATH:
(a) County: New Madrid
(b) City or town: Rural Portage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: New Madrid
(c) City or town: Conran Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. ..... (If rural, give location): No -
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: HESTER HOWARD
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: F 3
5. Color or race: Col
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: No.
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Dec (Month) 17 (Day) 1933 (Year)

8. AGE: Years 13 Months 10 Days 27 If less than one day ..... hr. ..... min.

9. Birthplace: Conran, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Child
11. Industry or business: Manuel Howard
12. Name (Father): Manuel Howard
13. Birthplace (Father): New Madrid Co. Mo. (City, town, or county) (State or foreign country)
14. Maiden name (Mother): Hattie Kelly
15. Birthplace (Mother): Mounds City Ill. (City, town, or county) (State or foreign country)
16. (a) Informant: Hattie Howard
(b) Address: Conran, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov 16-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Masonic Fair View Cemetery
18. (a) Signature of funeral director: Wright's Und Co
(b) Address: New Madrid Mo.
19. (a) 11-14-47 (Date received local registrar) (b) Allen De Lude (Registrar's signature) A10

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14 year 1947 hour 10 2nd minute 30 9 M.
21. I hereby certify that I attended the deceased from Aug 20, 1947, to Nov 14, 1947, that I last saw him alive on Nov 12, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Meningitis, Pneumococcus	Duration 4 day
Due to: Pneumococcus Lobar	14 day
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: O
23. Signature: Oland Van Ramm (M. D. or other)
Address: Marston Mo Date signed 11-14-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 1247 1542
Date Filed 18-1-47

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 Allen McSpadden Registered Apprentice No. 512, working under my personal supervision.

Signed Leo Hedgpeth

Licensed Embalmer No. 3803

P. O. Address New Madrid, 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.