

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

113482

FILED MAY 5 1948  
Registration District No. 247

Primary Registration District No. 4366

State File No. \_\_\_\_\_  
Registrar's No. 24

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

1. PLACE OF DEATH:  
(a) County Newton  
(b) City or town GRANBY  
(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

3. (a) PRINT FULL NAME FANNIE JANE 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 \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Sept 11 1868  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>79</u>	<u>8</u>	<u>16</u>		hr. _____ min. _____

9. Birthplace Big Spring-Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name WILL PAUL 9  
13. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)  
14. Maiden name SARAH PAUL  
15. Birthplace UNKNOWN 9  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. BESS WOODS  
(b) Address GRANBY MISSOURI

17. (a) BURIAL (b) Date thereof APRIL 29 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GRANBY CEMETARY  
18. (a) Signature of funeral director Culver - Shewmaker  
(b) Address Granby Missouri

19. (a) 4-29-48 (b) M. S. Young  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County Newton 73  
(c) City or town GRANBY 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? NO (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 28  
year \_\_\_\_\_ hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw her alive on Apr 27, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Cerebral Hemorrhage</u>	<u>2 days</u>
Due to <u>Hypertension</u>	<u>5</u>

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy ggs  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 1

23. Signature Dr. Culver (M. D. or other) \_\_\_\_\_  
Address Granby Mo Date signed 4.29.48

**RECEIVED**

District Health Officer No. Newton  
District File Number 548-295  
Date Filed 5-4-48

---

**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.....

Paul D. Benbest....., Registered Apprentice No. 54  
working under my personal supervision.

Signed Margaret Culver  
Licensed Embalmer No. 4389  
P. O. Address Cassville

**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.**