

FILED SEP 4 1948

State File No. _____

Registration District No. 79

Primary Registration District No. 5174

Registrar's No. 12

1. PLACE OF DEATH

(a) County Camden
(b) City or town Cross Timbers - Route 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home - Jess Thomas
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 (Specify whether home)
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden
(c) City or town Cross Timbers Route 1
(If outside city or town limits, write "RURAL") 12
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Sarah Ellen Howard

3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex Female 5. Color or race Wh
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Ada Howard
6. (c) Age of husband or wife if alive 20 years
7. Birth date of deceased April 20 1864
(Month) (Day) (Year)

8. AGE: Years 84 Months 20 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Benton Co Mo (City, town, or county) (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business _____

MOTHER, FATHER { 12. Name Isaac Smith
13. Birthplace unknown
14. Maiden name Matthew Franklin
15. Birthplace Proctor Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Jess Thomas
(b) Address Cross Timbers Route 1

17. (a) Burial (b) Date thereof May 12-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clinton St. Cem
18. (a) Signature of funeral director Banker Wooler
(b) Address Camden Mo

19. (a) 8-26-48 (b) J. J. Myerson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10
year 1948 hour 8 minute 50A M.
21. I hereby certify that I attended the deceased from 1943
1943 to May 10, 1948
that I last saw en alive on May 7, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia
Duration _____

Due to apain Hemorrhagic

Due to Hypertension

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____
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 _____

23. Signature Dr. E. Biggs (Name or other) Dr.
Address White Cloud, Mo Date signed 8-29-48

RECEIVED

District Health Officer No.

District File Number 8-48-100

Date Filed 9-3-48

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Abbie Banksau Wolcott

Licensed Embalmer No. 2488

P. O. Address Camden, Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.