

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

2
13
39
8671

33717

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 4 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 278

Primary Registration District No. 3054

Registrar's No. 112

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Louisiana
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
511 Nebraska St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike

(c) City or town Louisiana
(If outside city or town limits, write "RURAL")

(d) Street No. 511 Nebraska Street
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME BARBARA ADELL 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 Albert Howard

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 23 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

69 8 2 hr. min.

9. Birthplace Millwood Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housekeeping

12. Name Robert Nugent Campbell

13. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Katherine

15. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Katherine Sowa

(b) Address Louisiana, Missouri

17. (a) Burial (b) Date thereof 10/27/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverview Cem.

18. (a) Signature of funeral director Gamer & Stone

(b) Address Louisiana, Missouri

19. (a) 10/26/48 (b) Bernice Collier
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25
year 1948 hour 7 minute 00 A. M.

21. I hereby certify that I attended the deceased from 10-9, 1948 to 10-25, 1948
that I last saw her alive on 10-25, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 days

Due to Hypertensive Crisis - 10+
Vascular Renal Disease 4yr

Due to _____

Other conditions Cancer of Cervix 1yr
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy H&E

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 Stroke

23. Signature Chas H. Lovell (M. D. or _____)
Address Louisiana, Missouri Date signed 10-26-48

RECEIVED

District Health Officer No. 1

District File Number 11-48-18

Date Filed NOV 3 - 1948

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.....

Virginia M. Steene....., Registered Apprentice No. 289
working under my personal supervision.

Signed J. B. Steene.....

Licensed Embalmer No. 4039

P. O. Address Louisiana, 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.