

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED MAY 13 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14998

Do not use this space.

1. PLACE OF DEATH

(a) County Henry 2 Registration District No. 347
(b) Township Calvinton 0 Primary Registration District No. 5488 Registered No.
(c) City (d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

400 Grace Estelle Howell
(a) Residence, No. Calvinton St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 13 - 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 8 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Bookkeeper
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kalamazoo, Mich13. NAME Wm Rutledge Brown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland15. MAIDEN NAME Cornelia Rhodes16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York17. INFORMANT (ADDRESS) George Howell
Calvinton Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood Cemetery 4 - 35 14019. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Vincent
Calvinton Mo.20. FILED 4-27 1940 W. J. R. Hampton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23 194022. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1931., to Apr 23, 1940I last saw her alive on Apr 2, 1940 Death is said to have occurred on the date stated above, at 5:10 P.M.

The principal cause of death and related causes of importance were as follows:

apoplexy

Other contributory causes of importance:

arteriosclerosis
hemiparesis
with calcification

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) W. J. R. Hampton, M. D.(Address) Calvinton Mo.

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,

H. H. Vansant

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....
H. H. Vansant

Licensed Embalmer No. *3779*

P. O. Address *Clinton 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, above space should be left blank.