

S. No. 2
M-2.43
7-5-17-39
P-1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12946

State File No.

Registrar's No.

FILED MAY 13 1946

Registration District No. 137

Primary Registration District No. 4218

76

1. PLACE OF DEATH:

(a) County Henry Windsor
(b) City or town Windsor
(c) Name of hospital or institution: none 210 n st 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry #2
(c) City or town Windsor 2.
(If outside city or town limits, write "RURAL")
(d) Street No. 210 N St 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Nelie M. Howard

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased 1 0 1891
(Month) (Day) (Year)

8. AGE: Years 55 Months 3 Days 4 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER { 12. Name Joseph A Howard
13. Birthplace Wells Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Mollie Drake
15. Birthplace Wells Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mary O Lilly
(b) Address Windsor Mo

17. (a) Burial (b) Date thereof 4 11 46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hammer Cem

18. (a) Signature of funeral director Frank Williams
(b) Address Clinton Mo

19. (a) 4-10-1946 (b) R. R. Kenny
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 9 year 1946 hour 1 minute 45 P.M.
21. I hereby certify that I attended the deceased from Jan 4 1946 to April 8 1946
that I last saw her alive on April 6 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Uterine Cancer

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 550
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) 2
(e) Means of injury

23. Signature Frank Williams (M. D. or other)
Address Windsor Mo Date signed 4-10-46

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

RECEIVED
District Health Officer No 71
District File Number 4-46-412
Date Filed 5-10-46

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 Fred Wilkerson

Licensed Embalmer No. 2478

P. O. Address Clinton, N.C.

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.