

S. No. 2  
OM-5-43  
v. 5-17-39  
I X38671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35494**

FILED NOV 29 1948

Registration District No. \_\_\_\_\_

Primary Registration District No. **5012**

Registrar's No. **285**

**1. PLACE OF DEATH:**

(a) County **Andrew**

(b) City or town **Union Star, Missouri, Rural**  
(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 **50 years**  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo.** (b) County **Andrew**

(c) City or town **Union Star, Mo. Rural**  
(If outside city or town limits, write "RURAL")

(d) Street No. **4 miles Northwest of Union Star**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Frances Adelaide Howell**

**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** **married**

**6. (b) Name of husband or wife** **Orville E. Howell** **6. (c) Age of husband or wife if** **alive** **60** years

**7. Birth date of deceased.** **June 21, 1888**  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Nov** day **13**  
year **1948** hour **11** minute **0** M.

**21. I hereby certify that I attended the deceased from** **Nov 13, 1948 to Nov 13, 1948;**  
that I last saw **her** alive on **Nov 13, 1948;**  
and that death occurred on the date and hour stated above.

**8. AGE:**

| Years     | Months   | Days      | If less than one day |
|-----------|----------|-----------|----------------------|
| <b>60</b> | <b>4</b> | <b>22</b> | hr. _____ min. _____ |

Immediate cause of death **Cerebral Hemorrhage** **1 hr**  
Duration

**9. Birthplace.** **Andrew County, Mo.**  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

**10. Usual occupation** **Housewife**

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

**11. Industry or business**

**12. Name.** **Albert Hickox**

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

**14. Maiden name.** **Caroline Squire**

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

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**PHYSICIAN** \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

**16. (a) Informant** **Mrs. Carly Danner**

**(b) Address** **Union Star, Mo.**

**17. (a) Burial** **(b) Date thereof** **Nov 15, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**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? \_\_\_\_\_

**(c) Place: burial or cremation** **Union Star, Mo.**

**18. (a) Signature of funeral director** **Lucile M. Wilson**

**(b) Address** **King City, Mo.**

**19. (a) Nov 14 1948** **(b) Lillian Sparks**  
(Date received local registrar) (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place)

**(c) Means of injury** \_\_\_\_\_

**23. Signature** **E. M. Reynolds** (M. D. or other)

**Address** **Union Star, Mo.** **Date signed** **11-14-48**

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

MOTHER FATHER

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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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..... *Lucile M. Wilson* .....

Licensed Embalmer No..... *2830* .....

P. O. Address..... *King City, 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.