

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
FILED NOV 8 1945 STANDARD CERTIFICATE OF DEATH

34208

State File No. _____

Registration District No. 224

Primary Registration District No. 3046

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Moniteau Co
(b) City or town California, Mo. walker
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
904 N. Owens 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 Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau ⁶⁸
(c) City or town California, Mo. ¹
(If outside city or town limits, write "RURAL") ¹
(d) Street No. 904 N. Owens St. ⁰
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth Catharine Howard

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

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased. Jan 27 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 8 22 _____ hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business _____

12. Name William Wood

13. Birthplace Kent /
(City, town, or county) (State or foreign country)

14. Maiden name Julia Bowlin

15. Birthplace Kent /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs F. Herfurth

(b) Address California, Mo.

17. (a) Burial (b) Date thereof. Oct. 21, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Allee Cemt

18. (a) Signature of funeral director Bowlin Funeral Home
(b) Address California, Mo.

19. (a) 10-22-45 (b) H.R. Ropsey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 19
year 1945 hour 9 minute 15 P M.

21. I hereby certify that I attended the deceased from July 2
1943 to Oct 19 1945;
that I last saw her alive on Oct 19 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death.
Cerebral hemorrhage ^{10 days}
Duration

Due to Generalized arterio sclerosis ^{10 years}

Due to _____
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 0

23. Signature Kenyon Latham (M. D. or other) md.
Address California, Mo. Date signed 10-20-45

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

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed _____

11-7-45

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Earle R. Bowlin

Licensed-Embalmer No. 2126

P. O. Address _____

California 1234

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.