

FILED APR 17 1946 STANDARD CERTIFICATE OF DEATH

State File No. 13918

Registration District No. 224

Primary Registration District No. 5796

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Moniteau  
(b) City or town Rural  
(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  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Moniteau  
(c) City or town Rural 6 mi. NW of center  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME LUCINDA HOWE

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 Widowed

6. (b) Name of husband or wife James R. Howe 6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 18 1853  
(Month) (Day) (Year)

8. AGE: Years 93 Months 7 Days 19 If less than one day hr. min.

9. Birthplace Cochecton Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name John Kaiser

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

14. Maiden name unknown

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

16. (a) Informant (b) Address

17. (a) Burial (b) Date thereof 3-11-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salerno Baptist Cemetery

18. (a) Signature of funeral director Wm. E. Williams  
(b) Address California, Mo.  
19. (a) 3-13-46 (b) W.R. Popejoy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 9  
year 1946 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from Nov. 2  
1945, to Mar. 9, 1946  
that I last saw her alive on March 7, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis

Due to  
Due to

Other conditions (include pregnancy within 3 months of death)

Major findings:  
Of operations 99  
Of autopsy

Duration  
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

23. Signature W. R. Popejoy (M.D. or other)  
Address California, Mo. Date signed 3/13/46

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-16-46

---

---

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 Henry L. Williams

Licensed Embalmer No. 3537

P. O. Address California 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.**