

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31350

State File No. _____

FILED OCT 29 1944

Registration District No. 9044

Primary Registration District No. 9046

Registrar's No. 203

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:
High St
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether)
Life
In this community _____
years, months or days

3. (a) PRINT FULL NAME Jemima Elizabeth Howard

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, 2 divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 22 1871
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business _____

12. Name I.V. Johnson 4
13. Birthplace Kent 4
(City, town, or county) (State or foreign country)

14. Maiden name Rachel Hall
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Vera Morrow 1
(b) Address California, Mo.

17. (a) Burial (b) Date thereof Oct. 2, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cemt. California

18. (a) Signature of funeral director Pauline F. Home

(b) Address California, Mo.

19. (a) 10-1-44 (b) g. g. g.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau 67
(c) City or town California, Mo. 1
(If outside city or town limits, write "RURAL") High St 1
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____ 17

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30
year 1944 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from July 2, 1944, to Sept 30, 1944,
that I last saw her alive on Sept 28, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis 1 month
Chronic bronchitis 10 year

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury 3

23. Signature Kenneth Latham (M. D. or other) _____

Address California, Mo Date signed 10-2-44

1312

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 10-6-44

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 Earle R. Boulton

Licensed Embalmer No. 2126

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.