

24947
Do not use this space.

Registered No.

Primary Registration District No. 5763

(d) Street No. St.

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

(a) Residence, No. _____ St. _____

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

MEDICAL CERTIFICATE OF DEATH

3. SEX <input checked="" type="checkbox"/> F	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
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21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26 1938

**5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF**

22. I HEREBY CERTIFY That I attended deceased from
April 5th 1998 to July 26 1998

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 04 Feb 20 1988

I last saw her alive on July 26, 1938. Death is said to have occurred on the date stated above, at 5 p m.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	49	9	0	

The principal cause of death and related causes of importance were as follows:

[illegible]

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc..

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year).....

11. Total time (years)
spent in this
occupation.....

12. BIRTHPLACE (CITY OR TOWN).....*Capellon*
(STATE OR COUNTRY)

13. NAME Robert V. Howard

14. BIRTHPLACE (CITY OR TOWN) Uppilon
(STATE OR COUNTRY) India

15. MAIDEN NAME Julia Ethel Cotner

16. BIRTHPLACE (CITY OR TOWN) Appleton
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) 1149 Melrose 1149 N. North
1911

18. BURIAL, CREMATION, OR REMOVAL

PLACE San Francisco DATE July 10, 1971

19. FUNERAL DIRECTOR (NAME)
(ADDRESS)

20. FILED Aug. 10 1938 Dana O. Phelps

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....

Specify whether injury occurred in industry, in home, or in public place.

Manner of Injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify no other

(Signed) 19. 01324910 est, M. D.

100 (Address) Oak Ridge TN

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, _____

BA Meyer

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

BA Meyer

Licensed Embalmer No. _____

3051

P. O. Address _____

Jackson M.

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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24947

Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 128
(b) Township Apple Creek Primary Registration District No. 3176B
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Cara Minerva Howard
(a) Residence, No. St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 9 0

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housekeeper
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation all life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Aug 10 - 1938 Laura D. Gebe Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...

I last saw h. alive on 19... Death is said to have occurred on the date stated above, at... m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation Date of...
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) P. D. Blaylock, M. D.
(Address) Park Ridge

