25 1934

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

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8804

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No.
Township Blue — Primary Registration District No. 5554 — Registered No. 116
City ~~Independence~~ No. ..... St. ..... Ward)

2. FULL NAME Howard Lee Showen
(a) Residence, No. Rt 6, 23rd & Cresent St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 6 yrs. 6 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
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) September 18, 1927

7. AGE: YEARS 6 — MONTHS 6 — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, 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) (STATE OR COUNTRY) Kansas City, Mo.

FATHER
13. NAME Howard Lee Showen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Kans.

MOTHER
15. MAIDEN NAME Julia Clara Ross
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La Plata, Mo.

17. INFORMANT (ADDRESS) F. Lloyd Williams Kansas City, Mo.

18. BURIAL, ~~CREMATION~~, OR REMOVAL
PLACE Woodlawn DATE March 25 1934

19. UNDERTAKER (ADDRESS) Ott & Mitchell Indep. Mo.

20. FILED March 24 1934 Dr. F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 3rd, 1934, to ....., 19....
I last saw him alive on March 21, 1934. Death is said to have occurred on the date stated above, at 2:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Otitis Media Bilateral	3/7/34
Pneumonia Right Lobar	3/3/34
Cellulitis of Right Flank	3/19/34
Empyema Pleura Right	3/11/34

Other contributory causes of importance:
Scarlet Fever Feb 20th
Puncture Ear 3/8/34
Name of operation Drainage Pleura Date of 3/18/34
What test confirmed diagnosis? ..... Was there an autopsy? No

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 No George Twyman
(Signed) George Twyman M. D.
(Address) Independence Mo